UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re:

Bankruptcy Case No. 13-53846

City of Detroit, Michigan,

Honorable Thomas J. Tucker

Debtor.

Chapter 9

CITY OF DETROIT'S MOTION TO ENFORCE ORDER,
PURSUANT TO SECTIONS 105, 501, AND 503 OF THE BANKRUPTCY
CODE AND BANKRUPTCY RULES 2002 AND 3003(c), ESTABLISHING
BAR DATES FOR FILING PROOFS OF CLAIM AND APPROVING
FORM AND MANNER OF NOTICE THEREOF AGAINST
AMERICAN ANESTHESIA ASSOCIATES, LLC AND SPINE
SPECIALISTS OF MICHIGAN, P.C.

The City of Detroit, Michigan ("City") by its undersigned counsel, Miller, Canfield, Paddock and Stone, PLC, files this Motion to Enforce Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing of Proofs of Claim and Approving Form and Manner of Notice Thereof Against American Anesthesia Associates, LLC and Spine Specialists of Michigan, P.C. ("Motion"). In support of this Motion, the City respectfully states as follows:

I. Introduction

1. Plaintiffs, American Anesthesia Associates, LLC ("<u>AAS</u>") and Spine Specialists of Michigan, P.C. ("<u>SSM</u>"), filed separate state court lawsuits seeking a monetary award on account of a pre-petition claim against the City despite not having filed proofs of claims for the claims asserted in their respective lawsuits. In

accordance with the Bar Date Order, the City seeks an order barring and permanently enjoining AAS and SSM from asserting claims against the City or property of the City, and requiring both AAS and SSM to dismiss their respective state court lawsuits with prejudice.

II. Factual Background

A. The Bar Date Order

- 2. On July 18, 2013 ("Petition Date"), the City filed this chapter 9 case.
- 3. On November 21, 2013, this Court entered its Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing Proofs of Claim and Approving Form and Manner of Notice Thereof [Doc. No. 1782] ("Bar Date Order").
- 4. The Bar Date Order established February 21, 2014 ("General Bar Date") as the deadline for filing claims against the City. Paragraph 6 of the Bar Date Order states that the

following entities must file a proof of claim on or before the Bar Date...any entity: (i) whose prepetition claim against the City is not listed in the List of Claims or is listed as disputed, contingent or unliquidated; and (ii) that desires to share in any distribution in this bankruptcy case and/or otherwise participate in the proceedings in this bankruptcy case associated with the confirmation of any chapter 9 plan of adjustment proposed by the City...

Bar Date Order ¶ 6.

5. Paragraph 22 of the Bar Date Order also provided that:

Pursuant to sections 105(a) of the Bankruptcy Code and Bankruptcy Rule 3003(c)(2), any entity that is required to file a proof of claim in this case pursuant to the Bankruptcy Code, the Bankruptcy Rules or this Order with respect to a particular claim against the City, but that fails properly to do so by the applicable Bar Date, shall be forever barred, estopped and enjoined from: (a) asserting any claim against the City or property of the City that (i) is in an amount that exceeds the amount, if any, that is identified in the List of Claims on behalf of such entity as undisputed, noncontingent and liquidated or (ii) is of a different nature or a different classification or priority than any Scheduled Claim identified in the List of Claims on behalf of such entity (any such claim under subparagraph (a) of this paragraph being referred to herein as an "Unscheduled Claim"); (b) voting upon, or receiving distributions under any Chapter 9 Plan in this case in respect of an Unscheduled Claim; or (c) with respect to any 503(b)(9) Claim or administrative priority claim component of any Rejection Damages Claim, asserting any such priority claim against the City or property of the City.

Bar Date Order ¶ 22 (emphasis added).

- 6. The Bar Date Order also approved the form and manner of notice of the Bar Dates. *See e.g.* Bar Date Order ¶¶ 3, 23-26. In accordance with the Bar Date Order, notice of the General Bar Date was published in several newspapers. [Doc. Nos. 3007, 3008, 3009]. SSM received individualized notice of the Bar Date Order. Certificate of Service, Doc. No. 2337-17 at page 91 of 134. AAS also had notice of the Bar Date Order as it filed a proof of claim for services provided to a different claimant (Patricia Edwards). Claim No. 983.
- 7. The Bar Date Order provides that this Court retains "jurisdiction with respect to all matters arising from or related to the interpretation, implementation and/or enforcement of this Order." Bar Date Order ¶ 29.

B. The State Court Actions

- 8. In violation of the Bar Date Order, on July 20, 2016, SSM filed a complaint against the City ("SSM Complaint") in the Wayne County Circuit Court, Case Number 16-009119 ("SSM Lawsuit"). The SSM Complaint is attached as Exhibit 6A. SSM alleges that "[o]n or about May 23, 2013, Carrie McDonald (the "Injured Party") was involved in an automobile accident" and that on "numerous dates, Plaintiff provided medical treatment to the Injured Party for injuries they suffered as a result of the subject accident." SSM Complaint ¶ 5, 10. SSM seeks damages from the City due to the alleged treatment it provided to McDonald. SSM Complaint at 3.
- 9. In violation of the Bar Date Order, on September 21, 2015, AAS filed a complaint against the City ("AAS Complaint") in 36th District Court, Case Number 2015-119415 ("AAS Lawsuit", and together with the SSM Lawsuit, the "Lawsuits"). The AAS Complaint is attached as Exhibit 6B. The AAS Lawsuit was transferred to the Wayne County Circuit Court and assigned case number 16-008713. AAS alleges that "[o]n numerous dates, the Plaintiff provided medical treatment to Carrie McDonald, for injuries she suffered as a result of the May 23, 2012 accident." AAS Complaint ¶ 10. AAS seeks damages from the City due to the alleged treatment it provided to McDonald. AAS Complaint at 3-4.

C. Carrie McDonald's Proof of Claim and Subsequent Settlement

- 10. On February 19, 2014, Carrie McDonald filed proof of claim 1542 ("Proof of Claim") asserting a claim in the amount of \$98,392.43. The Proof of Claim is attached as Exhibit 6C. The basis for the Proof of Claim was "PIP claim due to 5/23/12 bus crash." Proof of Claim at 1. McDonald calculated the claim amount by totaling the Medical Bills, Household Services, Wage Loss, Interest and Attorney Fees identified on page 5 to the Proof of Claim. Proof of Claim at 5. As part of the Medical Bill component, McDonald included medical bills from SSM and AAS. *Id*.
- 11. The City and McDonald entered into a settlement agreement with respect to the Proof of Claim ("Settlement Agreement"). The Settlement Agreement is attached as Exhibit 6D. The Settlement Agreement provides

As to the Filed Claims and Settled Claims described herein, the Claimant releases the City from any and all liability, actions, damages and claims (including claims for attorney fees, expert fees or court costs), known or unknown, arising or accruing at any time prior to and after the date of this Agreement, that the Claimant has or may have against the City. The Claimant acknowledges that this Agreement represents the compromise of a disputed claim and is not to be construed as an admission of liability on the part of the City. As used in this Agreement, the Claimant and the City include each of their respective servants, agents, contractors, attorneys, employees, representatives, family members, heirs, elected officials, appointed officials, related corporations, subsidiaries, divisions, affiliates, directors and officers, if any.

Settlement Agreement ¶ 8.

12. Consequently, the claims asserted in the Lawsuits were released pursuant to the Settlement Agreement.

III. Argument

- 13. Neither AAS nor SSM filed a proof of claim in the City's bankruptcy case for the claims asserted in the Lawsuits. Consequently, pursuant to the Bar Date Order, both AAS and SSM are "forever barred, estopped and enjoined from...asserting any claim against the City or property of the City." Bar Date Order ¶ 22. As AAS and SSM's actions violate the Bar Date Order, the Lawsuits must be dismissed with prejudice.
- 14. Furthermore, the claims asserted in the Lawsuits were released pursuant to paragraph 8 of the Settlement Agreement. Here, McDonald released the City from "any and all liability, actions, damages and claims...known or unknown, arising or accruing at any time **prior to and after the date of this Agreement**, that the Claimant has or may have against the City." Settlement Agreement ¶ 8. Consequently, AAS and SSM cannot recover on the claims asserted in the Lawsuits because McDonald released the City from those claims. *See In re City of Detroit, Michigan*, 548 B.R. 748, 765 (Bankr. E.D. Mich. 2016) ("Thus, while the providers may bring a direct action, they are only entitled to recover whatever the accident victims themselves are entitled to recover."). For this additional reason, the Lawsuits should be dismissed with prejudice.

IV. Conclusion

15. The City thus respectfully requests that this Court enter an order, in substantially the same form as the one attached as Exhibit 1, (a) directing both SSM and AAS to dismiss, or cause to be dismissed, with prejudice their respective state court lawsuits; and (b) permanently barring, estopping and enjoining the SSM and AAAS from asserting the claim alleged in or claims related to their respective state court lawsuits against the City or property of the City. The City sought, but did not obtain, concurrence to the relief requested in the Motion.

Dated: October 6, 2016 MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.

By: /s/ Marc N. Swanson
Jonathan S. Green (P33140)
Marc N. Swanson (P71149)
150 West Jefferson, Suite 2500
Detroit, Michigan 48226
Telephone: (313) 496-7591
Facsimile: (313) 496-8451
swansonm@millercanfield.com

- and -

CITY OF DETROIT LAW DEPARTMENT

Charles N. Raimi (P29746)
James Noseda (P52563)
2 Woodward Avenue, Suite 500
Detroit, Michigan 48226
Phone: (313) 237-5037

Email: raimic@detroitmi.gov

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re:

Bankruptcy Case No. 13-53846

City of Detroit, Michigan,

Honorable Thomas J. Tucker

Debtor.

Chapter 9

EXHIBIT LIST

Exhibit 1 Proposed Order

Exhibit 2 Notice of Opportunity to Object

Exhibit 3 None

Exhibit 4 Certificate of Service

Exhibit 5 None

Exhibit 6A SSM Complaint

Exhibit 6B AAS Complaint

Exhibit 6C Proof of Claim

Exhibit 6D Settlement Agreement

EXHIBIT 1 – PROPOSED ORDER

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re:

Bankruptcy Case No. 13-53846

City of Detroit, Michigan,

Honorable Thomas J. Tucker

Debtor.

Chapter 9

ORDER GRANTING CITY OF DETROIT'S MOTION TO ENFORCE ORDER, PURSUANT TO SECTIONS 105, 501, AND 503 OF THE BANKRUPTCY CODE AND BANKRUPTCY RULES 2002 AND 3003(c), ESTABLISHING BAR DATES FOR FILING PROOFS OF CLAIM AND APPROVING FORM AND MANNER OF NOTICE THEREOF AGAINST AMERICAN ANESTHESIA ASSOCIATES, LLC AND SPINE SPECIALISTS OF MICHIGAN, P.C.

This matter, having come before the Court on the Motion to Enforce Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing of Proofs of Claim and Approving Form and Manner of Notice Thereof Against American Anesthesia Associates, LLC and Spine Specialists of Michigan, P.C. ("Motion")¹, upon proper notice and a hearing, the Court being fully advised in the premises, and there being good cause to grant the relief requested,

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¹ Capitalized terms used but not otherwise defined in this Order shall have the meanings given to them in the Motion.

THE COURT ORDERS THAT:

- 1. The Motion is granted.
- 2. Within five days of the entry of this Order, Plaintiff American Anesthesia Associates, LLC ("AAS") will dismiss, or cause to be dismissed, with prejudice its complaint filed on or about September 21, 2015 in the 36th District Court, Michigan, case number 2015-119415 and transferred to Wayne County Circuit Court, case number 16-008713 ("AAS Lawsuit").
- 3. Within five days of the entry of this Order, Plaintiff Spine Specialists of Michigan, P.C. ("SSM") will dismiss, or cause to be dismissed, with prejudice its complaint filed on or about July 20, 2016 in Wayne County Circuit Court, case number 16-009119 ("SSM Lawsuit").
- 4. AAS is permanently barred, estopped and enjoined from asserting the claim arising from or related to its AAS Lawsuit against the City of Detroit or property of the City of Detroit.
- 5. SSM is permanently barred, estopped and enjoined from asserting the claim arising from or related to the SSM Lawsuit against the City of Detroit or property of the City of Detroit.
- 6. The Court shall retain jurisdiction over any and all matters arising from the interpretation or implementation of this Order.

EXHIBIT 2 – NOTICE

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

| In re: | Bankruptcy Case No. 13-53846 |
|----------------------------|------------------------------|
| City of Detroit, Michigan, | Honorable Thomas J. Tucker |
| Debtor. | Chapter 9 |

NOTICE OF OPPORTUNITY TO OBJECT TO CITY OF DETROIT'S MOTION TO ENFORCE ORDER, PURSUANT TO SECTIONS 105, 501, AND 503 OF THE BANKRUPTCY CODE AND BANKRUPTCY RULES 2002 AND 3003(c), ESTABLISHING BAR DATES FOR FILING PROOFS OF CLAIM AND APPROVING FORM AND MANNER OF NOTICE THEREOF AGAINST AMERICAN ANESTHESIA ASSOCIATES, LLC AND SPINE SPECIALISTS OF MICHIGAN, P.C.

The City of Detroit has filed its Motion to Enforce Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing of Proofs of Claim and Approving Form and Manner of Notice Thereof Against American Anesthesia Associates, LLC and Spine Specialists of Michigan, P.C.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney.

If you do not want the Court to enter an Order granting the Motion to Enforce Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing of Proofs of

Claim and Approving Form and Manner of Notice Thereof Against American Anesthesia Associates, LLC and Spine Specialists of Michigan, P.C., within 14 days, you or your attorney must:

1. File with the court a written response or an answer, explaining your position at:¹

United States Bankruptcy Court 211 W. Fort St., Suite 1900 Detroit, Michigan 48226

If you mail your response to the court for filing, you must mail it early enough so that the court will **receive** it on or before the date stated above. You must also mail a copy to:

Miller, Canfield, Paddock & Stone, PLC Attn: Marc N. Swanson 150 West Jefferson, Suite 2500 Detroit, Michigan 48226

2. If a response or answer is timely filed and served, the clerk will schedule a hearing on the motion and you will be served with a notice of the date, time, and location of that hearing.

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

¹ Response or answer must comply with F. R. Civ. P. 8(b), (c) and (e).

MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.

By: /s/ Marc N. Swanson

Marc N. Swanson (P71149) 150 West Jefferson, Suite 2500

Detroit, Michigan 48226 Telephone: (313) 496-7591 Facsimile: (313) 496-8451 swansonm@millercanfield.com

Dated: October 6, 2016

EXHIBIT 3 – NONE

EXHIBIT 4 – CERTIFICATE OF SERVICE

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re:

Bankruptcy Case No. 13-53846

City of Detroit, Michigan,

Honorable Thomas J. Tucker

Debtor.

Chapter 9

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on October 6, 2016, he served a copy of the foregoing CITY OF DETROIT'S MOTION TO ENFORCE ORDER, PURSUANT TO SECTIONS 105, 501, AND 503 OF THE BANKRUPTCY CODE AND BANKRUPTCY RULES 2002 AND 3003(c), ESTABLISHING BAR DATES FOR FILING PROOFS OF CLAIM AND APPROVING FORM AND MANNER OF NOTICE THEREOF AGAINST AMERICAN ANESTHESIA ASSOCIATES, LLC AND SPINE SPECIALISTS OF MICHIGAN, P.C. upon the person listed below via first class mail and email:

Counsel to American Anesthesia Associates LLC

Gerald K. Paulovich Anthony & Paulovich, PLLC 2000 Town Center, Suite 1900 Southfield, Michigan 48075 gp@anthonylitigation.com

Counsel to Spine Specialists of Michigan, P.C. Jarrod K. Anthony & Paulovich, PLLC 2000 Town Center, Suite 1900 Southfield, Michigan 48075 janthony@anthonylitigation.com

DATED: October 6, 2016

By: /s/ Marc N. Swanson

Marc N. Swanson (P71149) 150 West Jefferson, Suite 2500

Detroit, Michigan 48226 Telephone: (313) 496-7591 Facsimile: (313) 496-8451

swansonm@millercanfield.com

EXHIBIT 5 – NONE

EXHIBIT 6A – SSM COMPLAINT

STATE OF MICHIGAN

CASE NO.

| THIRD JUDICIA WAYNE CO | | SUMMON | SUMMONS AND COMPLAINT | | 16-009119-NF Hos, John A. Murphy | | | | | |
|--|--|--|-----------------------|-------------------------|---|--|--|--|--|--|
| 2 Woodward Ave., Detroit MI | | | | <u> </u> | Court Telephone No. 313-224-0142 | | | | | |
| Plaintiff | | | | Defendant | | | | | | |
| Spine Specialists of Mich | igan, P.C. (Carrie Mi | :Donald) | * | City of Detroit La | W Department E C E I V E | | | | | |
| Plaintiff's Attorney | re vous arma et the charles months. A reacused - ma inmen en 1,600 vous 2000 de 11 de 11 de 12 de 12 de 12 de 12 | Vice and the Complete of the C | | Defendant's Arto | JUL 2 5 2016 CITY OF DETROIT | | | | | |
| Jamed Keden Anthony, P | 75973 | Ì | | | 1 111 23 2010 | | | | | |
| 2000 Town Cir Sie 1900 | | , | | | CITY OF DETROIT | | | | | |
| Soudifield, MI 48075-11: | 52 | l. | | | LAW DEPARTMENT | | | | | |
| or take other lawful a | ction with the court | (28 days if you were ser | ved by mail o | you were served ou | side this state). (MCR 2.111[C]) I ker this relief demanded in the complaint. | | | | | |
| Issued | This sur | nmons expires | Co | irt elerk | | | | | | |
| 7/20/2016 | 10/19/2 | 016 | Pil | de Serve Tyler | ev. | | | | | |
| members of the parties. | ng or resolved action risdiction of the fami | within the jurisdiction o | f the family di | vision of the circuit c | MCE 600.8035. Ourt involving the family or family r members of the parties has Court. | | | | | |
| The action 🔲 remain | The state of the s | nger pending. Th | e docket numl | er and the judge assi | grad to the action are: | | | | | |
| Docket no. | | Judge | | | Barna | | | | | |
| General Civil Cases There is no other pendi X An civil action between been previously filed in The action X remain | these parties or othe | | e transaction o | r occurrence alleged | | | | | | |
| Docket no. | | Judge | | | Bar no. | | | | | |
| 16-008713-CZ | <u> </u> | John A. Murphy | | | 24492 | | | | | |
| VENUE | | | | | | | | | | |
| Plaintiff(s) residence (inc | lude city, township, c | r village) | Defen | lant(s) residence (inc | lade city, township, or village) | | | | | |

Date Signature of attorney/plaintiff

Place where action arose or business conducted



If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings; please contact the court immediately to make arrangements.

DECEIVE CONTROLL OF LIETHOUT

STATE OF MICHIGAN

IN THE 3rd CIRCUIT COURT FOR THE COUNTY OF WAYNE SPINE SPECIALISTS OF MICHIGAN, P.C. (Carrie McDonald File No. -NF Plaintiff. Honbrable V. 16-009119-NF FILED IN MY OFFICE CITY OF DETROIT LAW DEPARTMENT WAYNE COUNTY CLERK 7/20/2016 8:29:48 AM Defendant. CATHY M. GARRETT JARROD K. ANTHONY (P75973) ANTHONY & PAULOVICH, PLLC Attorneys for Spine Specialists 2000 Town Center, Suite 1900 Southfield, Michigan 48075 (248) 351-1747; Fax: (888) 578-9826 janthony@anthonylitigation.com

There is another pending civil action out of the same transaction or occurrence as alleged in the complaint in Wayne County Circuit Court, Case No. 16-008713-CZ, and is assigned to Judge John A. Murphy.

SPINE SPECIALISTS OF MICHIGAN, P.C'S COMPLAINT AGAINST DEFENDANT CITY OF DETROIT LAW DEPARTMENT

NOW COMES Plaintiff, SPINE SPECIALISTS OF MICHIGAN, P.C., by and through their attorneys, Anthony & Paulovich, PLLC., through undersigned counsel, Jarrod K, Anthony, and for their Complaint states as follows:

JURISDICTION / VENUE ALLEGATIONS

1. Plaintiff, SPINE SPECIALISTS OF MICHIGAN, P.C., (hereinafter 'Spine Specialists of Michigan') is a Michigan Corporation whose principal place of business is in the City of Bingham Farms, County of Oakland.

- 2. Defendant, CITY OF DETROIT, is a municipality in the State of Michigan, that regularly conducts business and/or is otherwise established in Wayne County, State of Michigan.
- 3. The amount in controversy herein exceeds \$25,000 and is otherwise within the jurisdiction of this Honorable Court.

COUNT I - STATUTORY VIOLATIONS OF THE MICHIGAN NO-FAULT ACT

- 4. Plaintiff hereby incorporates by reference each and every allegation contained in paragraphs 1 through 3 as though fully stated herein.
- 5. On or about May 23, 2013, Carrie McDonald (the "Injured Party") was involved in an automobile accident arising out of the ownership, operation, maintenance, or use of a motor vehicle as a motor vehicle.
- 6. Defendant is first in order of priority to pay for the Injured Party's claim for no fault personal protection insurance benefits in accordance with Chapter 31 of the Michigan Insurance Code, more commonly known as the "no fault insurance law".
 - 7. Defendant assigned claim number A32950002697 to the injured Party's claim.
- 8. Under the terms and conditions Michigan No-Fault Automobile Insurance Act MCL 500.3101 et seq. (hereinafter referred to as 'No-Fault Act'), Defendant became obligated to pay to or on behalf of the Injured Party's certain expenses and losses if they sustained accidental bodily injuries in an accident arising out of the ownership, operation, maintenance, or use of a motor vehicle during the policy period.
- 9. Because the subject accident occurred during the policy period, Defendant became obligated to pay for certain expenses incurred for reasonably necessary products and services rendered for the Injured Party's care, recovery or rehabilitation as a result of the Injured Party's accidental bodily injuries arising out of the ownership, operation, maintenance or use of a motor

vehicle as a motor vehicle.

10. On numerous dates, Plaintiff provided medical treatment to the Injured Party for

injuries they suffered as a result of the subject accident.

11. Plaintiff sought recovery from Defendant for the above stated personal protection

benefits pursuant to the No-Fault Act.

12. Plaintiff has fully complied with the requirements of the applicable contract of

insurance and the No-Fault Act, and has provided Defendant with reasonable proof of all

outstanding medical expense benefits owed at this time.

13. Defendant has refused to pay Plaintiff necessary and incurred expenses related to

the Injured Party's medical care in accordance with the contract provisions and the No-Fault Act.

14. By wrongfully denying Plaintiff's claims, Defendant breached its statutory duty

and is liable for that amount of coverage to which Plaintiff is rightfully entitled.

WHEREFORE, Plaintiff, SPINE SPECIALISTS OF MICHIGAN, P.C, prays for a

Judgment against Defendant, CITY OF DETROIT LAW DEPARTMENT in such an amount as

the trier of fact shall determine to be fair and just, together with all past and presently owed no-

fault benefits, interest, costs, no-fault penalty interest and no-fault penalty attorney fees.

Respectfully submitted,

ANTHONY & PAULOVICH PLLC

/s/ Jarrod K. Anthony

Jarrod K. Anthony P75973

Attorney for Plaintiff, Spine Specialists of Michigan

Dated: July 19, 2016



July 21, 2016

) ECEIVEF JUL 2 5 2016

CITY OF DETROIT LAW DEPARTMENT

Certified.

VIA CERTIFIED MAIL - 70160750000003605514/ RETURN RECEIPT REQUESTED

City of Detroit Law Department 2 Woodward Avenue, 5th Floor Detroit, MI 48226

Re: Spine Specialists of Michigan, P.C. v City of Detroit
3rd Circuit Court Case No. 16-009119-NF

To Whom It May Concern:

Enclosed herewith for service please find a Summons and Complaint regarding the above referenced matter. You have twenty-eight (28) days to file responsive pleadings as to the Summons and Complaint.

If you should have any questions or concerns, please do not hesitate to contact my office.

Very Truly Yours, Anthony & Paulovich, P.L.L.C.

Jarrod K. Anthony, Esq. Attorney & Counselor at Law

JKA/aak Enclosure OITY OF DETROIT

EXHIBIT 6B - AAS COMPLAINT

Approved, SCAO 1st copy - Defendant CASE NO. STATE OF MICHIGAN 36th JUDICIAL DISTRICT SUMMONS AND COMPLAINT JUDICIAL CIRCUIT 15119 415 COUNTY PROBATE Court telephone no. Court address 42 | Madison Avenue, Detroit, MI 48226 (313) 965-4158 Defendant's name(s), address(ss), and telephone no(s). Plaintiffs name(s), address(es), and telephone no(s). AMERICAN ANESTHESIA ASSOCIATES, LLC (Curic CITY OF DETROIT McDonald) Plaintiff's attorney, bar no., address, and telephone no. GERALD K. PAULOVICH (P77573) ANTHONY LITIGATION, PLLC 2000 Town Center, Suite 1900 Southfield, MI 48075-1221 (248) 351-1747 SUMMONS | NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified: You are being sued. 2. YOU HAVE 21 DAYS after receiving this summons to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state). (MCR 2.111[C]) 3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint. Court clerk Issued This stimmons/expines This summums is invalid unless served on or before its expiration date. This document must be scaled by the seal of the court. COMPLAINT Instruction: The following is information that is required to be in the caption of every complaint and is to be completed by the plaintiff. Actual allegations and the claim for relief must be stated on additional complaint pages and attached to this form. This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035. Family Division Cases There is no other pending or resolved action within the jurisdiction of the family division of circuit court involving the family or family members of the parties. An action within the jurisdiction of the family division of the circuit court involving the family or family members of the parties has been previously filed in The docket number and the judge assigned to the action are: pending. The action remains is no longer Bar no. Judge Docket no. General Civil Cases There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint. Z A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has Court. Wayne County Circuit been previously filed in pending. The docket number and the judge assigned to the action are: 🗸 is no longer The action | remains Judge Docket no. Susan D. Borman 12-015160-NF VENUE Defendant(s) residence (include city, lownship, or village) Plain(If(s) residence (include city, township, or village)

09/21/2015

Place where action arose or business conducted

Date

Signature of attomey/plaintiff

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

STATE OF MICHIGAN

IN THE 36TH JUDICIAL DISTRICT COURT

AMERICAN ANESTHESIA ASSOCIATES, LLC (Carrie McDonald),

Plaintiff,

Case No. 2015 - (19415 - GC HON.

CITY OF DETROIT,

Fax: (888) 578-9826

٧.

| Defendant. | 0 11 12 | 2015 SEP | 36TH |
|---|-------------------|------------|----------|
| GERALD K. PAULOVICH (P77535) Anthony Litigation, PLLC Attorneys for Plaintiff 2000 Town Center, Suite 1900 Southfield, Michigan 48075 Telephone: (248) 351-1747 | NOISIAN MARKET | 21 PM 3:07 | DISTRICT |

A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in Wayne County Circuit Court, where it was given docket number 12-015160-NF and was assigned to Judge Susan D. Borman. This action is no longer pending.

FIRST AMENDED COMPLAINT

NOW COMES Plaintiff, AMERICAN ANESTHESIA ASSOCIATES, LLC, by and through its attorneys, ANTHONY LITIGATION, PLLC, and complaining against the above named Defendant, respectfully represents unto this Honorable Court as follows:

1. Plaintiff, AMERICAN ANESTHESIA ASSOCIATES, LLC, is a Michigan Corporation whose principal place of business is in the City of

- Southfield, County of Oakland.
- That Defendant, CITY OF DETROIT, is in the business of selling automobile insurance, and regularly conducts business and/or is otherwise established in the County of Wayne, State of Michigan.
- The amount in controversy herein does not exceed \$25,000 and is otherwise within the jurisdiction of this Honorable Court.

COUNT I - STATUTORY VIOLATIONS OF THE MICHIGAN NO-FAULT ACT

- 4. Plaintiff hereby incorporates by reference each and every allegation contained in paragraphs 1 through 3 as though fully stated herein.
- 5. Defendant is first in order of priority to pay for the injured party's claim for no fault personal protection insurance benefits in accordance with Chapter 31 of the Michigan Insurance Code, more commonly known as the "no fault insurance law".
- Defendant assigned claim number A32950002697 to the injured party's claim.
- The above said automobile insurance policy contained the standard nofault provisions pursuant to MCL 500.3101 et seq.
- 8. Under the terms and conditions of Michigan No-Fault Automobile
 Insurance Act MCL 500.3101 et seq. (hereinafter referred to as 'No-Fault
 Act'), Defendant became obligated to pay to or on behalf of Carrie
 McDonald certain expenses and losses she sustained accidental bodily
 injuries in an accident arising out of the ownership, operation,

- maintenance, or use of a motor vehicle during the policy period.
- On or about May 23, 2012, Carrie McDonald did sustain accidental bodily injuries in an accident arising out of the ownership, operation, maintenance, or use of a motor vehicle.
- 10. On numerous dates, the Plaintiff provided medical treatment to Carrie McDonald, for injuries she suffered as a result of the May 23, 2012, accident. As of a result of her injuries there is due and owing the sum of \$20,020.90. (See Attached Exhibit 'A' copy of billing invoices from Plaintiff to Defendant).
- Plaintiff sought recovery from Defendant for the above stated personal protection benefits pursuant to the No-Fault Act.
- 12. Plaintiff has fully complied with the requirements of the applicable contract of insurance and the No-Fault Act, and has provided Defendant with reasonable proof of all outstanding medical expense benefits owed at this time.
- 13. Defendant has refused to pay Plaintiff necessary and incurred expenses at a reasonable and customary rate related to claimant Carrie McDonald's medical care in accordance with the contract provisions and the No-Fault Act.
- 14. By wrongfully denying Plaintiff's claims, Defendant breached its statutory duty and is liable for that amount of coverage to which Plaintiff is rightfully entitled.

WHEREFORE, Plaintiff, AMERICAN ANESTHESIA ASSOCIATES, LLC,

prays for a Judgment against Defendant, CITY OF DETROIT, for \$20,020.90, together with all past and presently owed no-fault benefits, interest, costs, no-fault penalty interest and no-fault penalty attorney fees.

Respectfully submitted,

GERALD K. PAULOVICH, P77535 Anthony Litigation, PLLC Attorney for Plaintiff 2000 Town Center, Ste. 1900 Southfield, MI 48075 (248) 351-1747

Dated: September 21, 2015



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CITY OF DETROIT LAW DEPT 2 WOODWARD AVE STE 500

DETROIT MI 48226-3437

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HEALTH INSURANCE CLAIM FORM

CITY OF DETROIT W/C **
RISK MANAGEMENT
2 WOODWARD AVE-STE 611
DETROIT MI 48226

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| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorized persons signature I authorized persons signature is process this claim. I also request payment of government bear | nize the release of any medical or other information her nefits either to myself of to the party who accepts assig | payment of medical benefits to the undersigned physician or supplier for services described below. |
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HEALTH INSURANCE CLAIM FORM

AFPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (MUDC) 02/12

CITY OF DETROIT LAW DEPT 2 WOODWARD AVE STE 500

DETROIT MI 48226-3437

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EXHIBIT 6C - PROOF OF CLAIM

In its List of Claim #1542 Date Filed: 2/19/2014 in an unknown amount. To determine if you need to file a claim, please refer to the enclosed Information

About Describer to File Claims

| B10 (Official Form 10) (04/13) (Modified) | About Deadures to Fire Cr | Alms, |
|---|---|--|
| UNITED STATES BANKRUPTCY COURT EASTERN | N DISTRICT of MICHIGAN | CHATE ED |
| Name of Debtor: City of Detroit, Michigan | Case Number: 13-53846 | EED 4.6 com |
| NOTE: Do not use this form to make a claim for an administrative expense t | that arises after the bankruptcy filing. | FEB 1 9 2014 |
| Name of Creditor (the person or other entity to whom the debtor owes money or | property): | 1 |
| Mcdonald, Carrie | · | COURT BANKFUPICY Court |
| Name and address where notices should be sent: NameID: 11702538 | | Check this box if the GRIGITHE WEITING PROPERTY OF THE PROPERT |
| Mcdonald, Carrie | 4 | |
| 25657 Southfield Rd Southfield, MI 48075 | | Court Claim Number: (If known) |
| | | Filed on: |
| Telephone number. 248-350-9050 email: batt @ \$55mik Name and address where payment should be sent (if different from above): | ewins. Com | ☐ Check this box if you are aware that |
| ;; | | anyone else has filed a proof of claim relating to this capture to the company of |
| | | statement giv in fall that and |
| Telephone number: email: | | FED 2 1 9034 |
| 1. Amount of Claim as of Date Case Filed: \$ 98,392 | ,43 | LFB 7 + 5014 |
| • | <u> </u> | Minatheral Parring Parcelly 2017 C |
| If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. | <i>त्थ≛</i> ं | KURTZMANCARSON CONSULANTS |
| Check this box if the claim includes interest or other charges in addition to the | e principal amount of the claim. Attach a | statement that itemizes interest or charges. |
| 2. Basis for Claim: PIP claim due to 5/23/ (See instruction #2) | 12 bus crash. | |
| | Za. Dahtau wan han ashadulad asaa | |
| 3. Last four digits of any number by which creditor identifies debtor: | 3a. Debtor may have scheduled according (See instruction #3a) | ilit as: |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a righ | nt of included in secured claim | other charges, as of the time case was filed, , if any: |
| setoff, attach required redacted documents, and provide the requested informati | 011. | <u> </u> |
| Nature of property or right of setoff: | ther Basis for perfection: | <u> </u> |
| Value of Property: \$ | Amount of Secured Claim | : \$ |
| Annual Interest Rate (when case was filed) % DFixed or D Variab | ole Amount Unsecured: | \$ |
| 5. Amount of Claim Entitled to Priority as an Administrative Expense und | der 11 U.S.C. §§ 503(b)(9) and 507(a)(2) |). \$ |
| 5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable S | Section of 11 U.S.C. § | \$ |
| 6. Credits. The amount of all payments on this claim has been credited for the | purpose of making this proof of claim. (S | ee instruction #6) |
| 7. Documents: Attached are redacted copies of any documents that support the | | |
| running accounts, contracts, judgments, mortgages, security agreements, or, in statement providing the information required by FRBP 3001(c)(3)(A). If the cla | | |
| evidence of perfection of a security interest are attached. (See instruction #7, an | | |
| ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | |
| 8. Signature: (See instruction # 8) Check the appropriate box. | | |
| | — - | |
| or their | | uarantor, surety, indorser, or other codebtor, ruptcy Rule 3005.) |
| I declare under penalty of perjury that the information provided in this claim is | true and correct to the best of my knowle | dge, information, and reasonable belief. |
| Print Name: Brett o Shell Tide: Attorney | Dry Ma | \mathbf{I} |
| Company: Law Office of Michael Morse PC | DINCO | 1 2/1/19 |
| Address and telephone number (if different from notice address above): | (Signature) | (Date) |
| 24901 Northwestern Huy. Shik 700 | | |
| So-third MT 4805 Telephone number: email: | | |
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mikemorse awfirm 855-MIKE-WINS

February 5, 2014

Settlement Demand Package
Office of the Clerk of Court
United States Bankruptcy Court
For the Eastern District of Michigan
211 West Fort St.
Suite 1700
Detroit, MI 48226

Our Client: Date of Crash:

Date of Crash Claim No: Carrie McDonald

5/23/12

2697

To Whom It May Concern,

Michael J. Morse Marc J. Mendelson Eric M. Simpson Donald J. Cummings Perry A. Schneider Robert S. Silverman Matthew R. Bates Jacob K. Yeater Anthony H. Chapman Christopher D. Filiatraut Jennifer G. Damico Dalit Oren Nicholas J. Caponigro Lewis A. Melfi Helen A. Manesia Paul F. Hesselgrave Patty A. Dooley Paul E. Wheatley

ATTORNEYS AT LAW

Brett F. O'Shell Meaghan B. McKay Brian R. Meyer James B. Wendt Andrew J. Kata Gregory A. Jones David D. O'Keefe Monika J. Carter Patrick A. Moritz Patrick C. Cassidy Christopher T. Immel Catherine Groll Joshua B. Farr Shawn P. McKay Ashleigh Weinbrecht Jenna R. McKenna James A. Lane

Please allow this to be a demand for payment of the below described PIP benefits against the City of Detroit:

Cause of Action:

This action involves a first-party claim for No-Fault PIP benefits,

by Carrie McDonald against Defendant, City of Detroit.

Collision:

Carrie was a passenger on a DDOT bus that was struck by a

negligent hit and run driver. (Exhibit 1)

Date of Occurrence:

May 23, 2102

Plaintiff:

Carrie McDonald, age 45, was an extremely independent woman

prior to this crash with no previous neck or back injuries.

Defendants:

City of Detroit (PIP carrier)

Injuries:

Cervical injuries, lumbar injuries, right hip injury, and intracranial

bleeding requiring re-coiling of aneurysm.

Medical Treatment

On the day of this crash, Carrie was scene at Detroit Receiving hospital where she complained of pain her neck, back, and head. She was examined, prescribed Flexiril, and instructed to see her primary care physician.

On May 25, 2012, Carrie began treatment with Dr. Ryan Lukowski, to whom she reported headaches, neck pain, and back pain. During a physical examination, Dr. Lukowski noted limited range of motion, tenderness, and muscle spasms in the cervical, thoracic and lumbar spine. Dr. Lukowski disabled her from work and household chore activities involving lifting, bending, twisting, and prolonged standing and sitting and started her on a course of chiropractic treatment. (Exhibit 2)

On May 31, 2012 Carrie saw Dr. Noel Upfall, an internist, to who she reported headaches, hip pain, back pain radiating into her legs, and neck pain radiating to her shoulders. Dr. Upfall noted muscle spasm, tenderness, and decreased range of motion in the cervical and lumbar spine. He ultimately diagnosed her with cervical and lumbar sprains, prescribed Flexeril and ordered CT scans to determine if she had disk herniations. (Exhibit 3)

On August 14, 2012, Carrie underwent CT scan of her hip lumbar spine which revealed disk displacement at L3-L4, L4-L5, and L5-S1 with bilateral foraminal stenosis. (Exhibit 4)

When chiropractic care failed to resolve her pain, Carrie began treating with Dr. Louis Radden, a neurosurgeon, on October 8, 2012. She reported ongoing pain in her neck and back radiating into her extremities. Dr. Radden examined her and performed a number of invasive procedures:

- 1/16/13 L4-L5 facet injections and L5-S1 lumbar epidural steroid injection;
- 2/13/13 L4-L5 facet injections and L5-S1 lumbar epidural steroid injection;
- 3/13/13 L4-L5 facet injections and L5-S1 lumbar epidural steroid injection.

(Exhibit 5)

Currently, Dr. Radden is recommending low back surgery and Carrie is scheduled to undergo a discogram for surgical planning.

For her hip pain, Carrie saw orthopedic surgeon, Dr. Mark Kwartowitz on April 2, 2013. Dr. Kwartowitz conducted an examination and administered a cortisone injection in her right hip.

Presently, Carrie remains disabled and will require a low back surgery. Her injuries have not resolved to this day.

Defense Medical Examinations

On September 13, 2012, Carrie saw Dr. Richard Ikla, who performed an evaluation at Defendant's request. He conducted record review and examination and concluded the following:

Ms. McDonald sustained trauma in a bus/truck accident in May 2012 and was not seen until later after she developed severe headaches and was found to have an intercranial bleed, likely from a coup-countercoup force on the brain resulting in a swinging of the brain inside the cranium, causing an aneurysm to bleed. Last Friday, she was treated by the percutaneous placement of another coil, she said. *** It is recommended that she receive physical therapy addressed to her low back complaints.

(Exhibit 6)

On February 26, 2013, Carrie saw Dr. Christopher Schoneherr at the request of the City of Detroit. She reported continued pain in her back and neck, as well as dizziness. During a physical examination, Dr. Schoenherr noted hip pain, lumbar tenderness and limited range of motion and cervical tenderness and limited range of motion. After conducting a physical examination and record review, Dr. Schoenherr stated: "Ms. McDonald suffered a cerival and lumbar sprain/strain. It appears that secondary to the force of the injury, she may have had a coup-countercoup force causing her aneurysm to bleed for which she had a coiling..." (Exhibit 7)

Outstanding No-Fault PIP Benefits:

A. Medical Bills (Exhibit 8)

| Ronald S. Lederman, M.D. PLLC | \$1,570.00 |
|--|---------------|
| Detroit Magnolia Transportation | \$7,712.00 |
| Spine Specialists of Michigan | \$16,105.00 |
| Michigan Center for PT | \$4,350.00 |
| Elite Health Centers | \$800.00 |
| Elite Chiropractic | \$2,125.00 |
| American Anesthesia Assoc | \$1,078.00 |
| • MI Dept. of Community Health (Medicaid I | Lien)\$126.94 |
| Taxi Service | \$85.00 |
| Ambulatory Anesthesia | \$360.00 |
| MI Head & Spine Institute | \$5,220.00 |
| Strictly Healing Transportation | \$225.00 |
| R&R Transportation | \$360.00 |
| • Total | \$40,116.94 |

B. Household Services (Exhibit 9)

Carrie has been disabled from performing household services since this crash. (Exhibit 4) Her daughter, Danielle Matlock has been assisting with chores 7 days per week from May 24, 2012 through March 31, 2013 and 5 days per week from April 1, 2013 through June 20, 2013. (Exhibit 10) The City of Detroit last reimbursed household services on June 30, 2012. Presently, there are 343 days outstanding. 343 x \$20.00 per day = \$6,860.00.

C. Wage Loss (Exhibit 10)

Carrie has been disabled from work since this crash. (Exhibit 4) She previously worked as a cook at Palm's Nightclub where she earned \$10.00 per hour and worked approximately 25 hours per week. (Exhibit 11) The City of Detroit has never paid wage loss. Presently, Carrie is owed wages as follows \$250.00 per week x 89 weeks $x \cdot 0.85 = $18,912.50$

Demand through the Present:

| Total through present | \$98,392.43 | |
|-----------------------|---------------------|---|
| Attorney Fees | \$2 <u>4,596,26</u> | |
| Interest | \$7,906.73 | |
| Subtotal | \$65,889.44 | |
| Wage Loss | \$18,912.50 | 4 |
| Household Services | \$6,860.00 | |
| Medical Bills | \$40,116.94 | e |
| | | |

Demand through 7/18/13:

 Medical Bills
 \$39,766.94

 Household Services
 \$6,860.00

 Wage Loss
 \$12,750.00 (60 wks x \$250/wk x0.85)

 Subtotal
 \$59,376.94

 Interest
 \$7,125.23

 Attorney Fees
 \$22,165.17

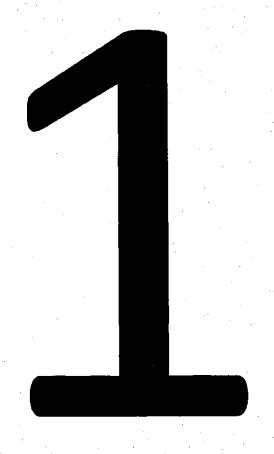
 Total through 7/18/13
 \$88,667.34

Sincerely,

LAW OFFICES OF MICHAEL J. MORSE, P.C.

Brett F. O'Shell

Enclosures



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7700 2nd Ave Suite 410 Detroit MI 48202 P:313-986-1100 F: 313-338-3082

Disability Certificate I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. . As a result of the injuries received in this accident, I have disabled the patient from those activities that are marked with and "X" or the paragraphs with a start date of and end date of or until the patient's next appointment. (1) Work/Employment Disability (2) Work Restrictions: The patient is restricted from lifting more than ____ lbs, and also cannot: (3) "Housework" or replacement services: As some housework may involve bending, lifting, twisting, and prolonged standing, i.e. vacuuming, making beds, yard work, cooking, washing floors, sinks, bathtubs, toilets, moving furniture, picking up objects off floors, child care, carrying garbage or groceries, etc., it is my opinion that the patient cannot do housework and has been disabled based on the start and end listed above or until the patient's next appointment. (4) Attendant Care: The patient needs help taking care of his/her own personal needs including, but not limited to, dressing using the restroom, supervising, driving to/from doctor appointments, carrying, passing medication, assisting with bathing, changing bandages, cleaning bandages, lifting, fetching, taking grooming needs, anything needing patient to bend or twist, feeding, cooking meals, ambulating all general hygiene needs. It is my opinion that the patient needed these services days per week hours per day. from the start and end dates listed above or until the patient's next appointment. (5) Driving: The patient is unable to drive and requires transportation services. (6) Recreational Activities: The patient should not engage or attempt to engage in activities that would aggravate his/her underlying condition by lifting greater than the amount indicated above, excessive bending, twisting, turning, or prolonged standing or sitting, i.e. running, climbing, biking, wrestling, etc. ____ Today's Date: _4//8 Physician's Signature: Print Name



Elite Health Centers 7700 2^{cd} Ave Suite 410 Detroit MI 48292 P:313-986-1100 F: 313-338-3082

Disability Certificate I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. As a result of the injuries received in this accident, I have disabled the patient from those activities that are marked with and "X" or the paragraphs with a start date of 3/12 or until the patient's next appointment. (1) Work/Employment Disability (2) Work Restrictions: The patient is restricted from lifting more than _____ 💢 . (3) "Housework" or replacement services: As some housework may involve bending, lifting, twisting and prolonged standing, i.e. vacuuming, making beds, yard work, cooking, washing floors, sinks, bathtubs, toilets, moving furniture, picking up objects off floors, child care, carrying garbage or groceries, etc., it is my opinion that the patient cannot do housework and has been disabled based on the start and end listed above or until the patient's next appointment. (4) Attendant Care: The patient needs help taking care of his/her own personal needs including, but not limited to, dressing using the restroom, supervising, driving to/from doctor appointments, carrying, passing medication, assisting with bathing, changing bandages, cleaning bandages, lifting, fetching, taking grooming needs, anything needing patient to bend or twist, feeding, cooking meals, ambulating all general hygiene needs. It is my opinion that the patient needed these services hours per day, days per week from the start and end dates listed above or until the patient's next appointment. (5) Driving: The patient is unable to drive and requires transportation services. 💢 (6) Recreational Activities: The patient should not engage or attempt to engage in activities that would aggravate his/her underlying condition by lifting greater than the amount indicated above, excessive bending, twisting, turning, or prolonged standing or sitting, i.e. running, climbing, biking, wrestling, etc. Physician's Signature: Minare P. Duple: Today's Date: 3/1

Print Name Muchael Draphs D. C.

Elite Health Centers, INC.
7700 2nd Ave.
Detroit, MI. 48202
Phone: (313) 986-1100 Fax: (313) 338-3082

Disability Certificate

| Re: Carrie Meddaald PATIENT NAME | . | DATE OF ACCIDE |
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| <u> </u> | through <u>\$\langle 25\rangle</u> | ent has been on work disability to |
| (2) Work Restrictions and also cannot: | · | ted from lifting more than |
| bending, lifting, two beds, washing floor objects off floors, o | risting, and prolonged rs, sinks, bathtubs, toil child care, carrying ga | As some housework may involstanding, i.e. vacuuming, makin lets, moving furniture, picking urbage or groceries, etc., it is my work from 7/25/:2 |
| needs including, bu driving to/from doct with bathing, lifting bend or twist, feedir my opinion that the | at not limited to, dressi tor appointments, carr s, taking care of groom ng, cooking meals, am patient needed these s | taking care of his/her own persong using the restroom, supervising using the restroom, supervising, passing medication, assisting needs, anything needing parabulating all general hygiene needservices from through |
| | | and requires transportation servi |
| activities that woul than the amount in | ld aggravate his/her ur idicated above, excess | ould not engage or attempt to enderlying condition by lifting grive bending, twisting, turning, og, changing, biking, wrestling, e |
| Dr.'s Signature: | \wedge \circ \wedge | Today's Date: 8/21/ |

Elite Health Centers 7700 2nd Avenue Suite 410 Detroit MI, 48202 Phone: 313-986-1100 Fax: 313-338-3082

Disability Certificate

| Re: Carrie McDonald PATIENT NAME DATE OF ACCIDENT |
|---|
| I have examined and/or treated the above-named patient for injuries sustained in the above accident. As a result of the injuries received in this accident, <u>I have disabled</u> and/or restricted the patient from those activities marked with and "X" or the paragraphs with dates imputed: |
| (1) Work/Employment Disability: The patient has been on work disability from through |
| (2) Work Restrictions: The patient is restricted from lifting more than 20 lbs, and also cannot: 201/5/15/101/101/101/101/101/101/101/101/ |
| (3) "Housework" or replacement services: As some housework may involve bending, lifting, twisting, and prolonged standing, i.e. vacuuming, making beds, washing floors, sinks, bathtubs, toilets, moving furniture, picking up objects off floors, child care, carrying garbage or groceries, etc., it is my opinion that the patient cannot do housework from to |
| |
| (5) Driving: The patient is unable to drive and requires transportation services from 210112 through 9/210112 |
| (6) Recreational Activities: The patient should not engage or attempt to engage in activities that would aggravate his/her underlying condition by lifting greater than the amount indicated above, excessive bending, twisting, turning, or prolonged standing or sitting, i.e. running, climbing, biking, wrestling, etc. |
| Dr.'s Signature: 7 10 12 |
| Print Dr.'s Name: Ryan M Lukowski |

Elite Health Centers

7700 2nd Avenue Suite 410
Detroit MI, 48202
Phone: 313-986-1100 Fax: 313-338-3082

| Re: Callie McDonald 5/23/12 PATIENT NAME DATE OF ACCIDENT |
|---|
| have examined and/or treated the above-named patient for injuries sustained in the above accident. As a result of the injuries received in this accident, <u>I have disabled</u> and/or restricted the patient from those activities marked with and "X" or the paragraphs with dates imputed: |
| (1) Work/Employment Disability: The patient has been on work disability from through 11/15/12. |
| (2) Work Restrictions: The patient is restricted from lifting more thanlbs, and also cannot: |
| (3) "Housework" or replacement services: As some housework may involve bending, lifting, twisting, and prolonged standing, i.e. vacuuming, making beds, washing floors, sinks, bathtubs, toilets, moving furniture, picking up objects off floors, child care, carrying garbage or groceries, etc., it is my opinion that the patient cannot do housework from |
| (4) Attendant Care: The patient needs help taking care of his/her own personal needs including, but not limited to, dressing using the restroom, supervising, driving to/from doctor appointments, carrying, passing medication, assisting with bathing, lifting, taking care of grooming needs, anything needing patient to bend or twist, feeding, cooking meals, ambulating all general hygiene needs. It is my opinion that the patient needed these services fromthrough hours a day, days per week. |
| (5) Driving: The patient is unable to drive and requires transportation services from 10(17112 through 11/15/2 |
| Recreational Activities: The patient should not engage or attempt to engage in activities that would aggravate his/her underlying condition by lifting greater than the amount indicated above, excessive bending, twisting, turning, or prolonged standing or sitting, i.e. running, climbing, biking, wrestling, etc. |
| Dr.'s Signature: Today's Date: 015112 |
| Print Dr.'s Name: DR. Ryan luknusk |

Elite Health Centers, INC.
7700 2nd Ave.
Detroit, MI. 48202
Phone: (313) 986-1100 Fax: (313) 338-3082

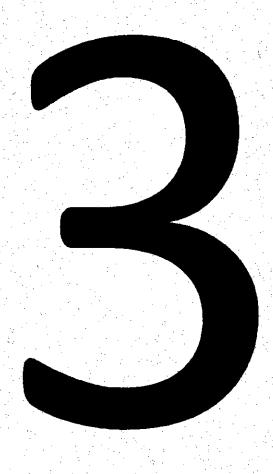
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| _ Shu | e t | hen the patrent | has exper | ience | | | |
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| Patient's Name: | Carrie McDonaldoate: 5/25/12 |
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| REVIEW OF | SYSTEMS |
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| SOCIAL/FAM | ILY MEDICAL HISTORY |
| ☐ Heart Disease | □ Stroke □ Circulatory Disorder □ Blood Pressure □ Diabetes □ Other: |
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| | PRE-EXISING ILLNESSES |
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| WORKER'SDate of Injury | COMPENSATION QUESTIONS Time: AM/PM |
| Location (City ar | ad state where injury occurred): |
| Did patient go to | the hospital? C Yes O No Viat O Ambulance O Other: |
| Did patient suffer | rany cuts or contusions? I No I Yes Describe: rking at the present time? I Yes I No Date last worked: |
| Is the patient wor Has the patient of | right at the present time: 1 1es 1 No Date task worker. |
| At work patient i | is required to (in hours); Stand: Drive; Walk: Lift: Sit: Type: Other |
| What limitations | does patient experience as a result of the injury? (Circle Affected Area): Standing Driving Walking Lifting Other Further describe limitations: |
| Sitting Typing | Office Furnici describe immadons. |
| | INJURY QUESTIONS |
| Date of Injury: | Driver Passenger Tront Seat Rear Seat Pedestrian Dother BUS |
| 500 Y | The sould be the Burn of the Mill of a realism dealers of War. I No. |
| Area of impact: | Front Z Rear Passenger side O'Driver Side O'Other (Describe): Back of Out Va 3100 |
| Did patient go to | the hospital? A Yes 11 No Via: 11 Ambulance 11 Other (indicate). |
| Did patient suffe X-rays taken? | any cuts or confusions? Yes No Region(s) |
| - Tr | No Posicy(s)/Logation(s) |
| Is the patient wo | orking at the present time? O Yes WNo Date last worked: Land OF- |
| Has the patient: | missed any time from work/ it is in no Dates: |
| At work patient | is required to (in hours): Stand: Drive: Walk: Lift: Sit: Type: Other: s. does patient experience as a result of the injury? (Circle affected area(s) below): |
| Standing Drivi | ing Walking Lifting Sitting Typing Other (Describe): |
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| Muscle Strength | 1/5 | /5 | # | /5 | 44 | 5 15 | /5 | _ | /5 | . 15 | 150 | 4 | - | / <u>5</u> | 25 | | 2 | ./5 | /5_ | <u>/5</u> | 15 | /5 |
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PATIENT NAME: McDonald, Carrie

ID: 164667-UPFALL () DOB: 68 Exam Date: 05/31/12

PROBLEM LIST:

CC: Pt chart was reviewed prior to exam. Seen for consultation at the request of Dr. Lukowski. Patient was involved in a traumatic motor vehicle accident, which was the passenger on a bus not wearing a seat belt on May 23, 2012 Patient did go to the hospital by ambulance after the accident. Patient is complaining of upper, middle, and lower back pain with radiation of the pain down both shoulders and both lower extremities. Patient denies any loss of consciousness and has + headache at this time from the impact of the motor vehicle accident. Patient was not employed as a laborer prior to the accident. Patient is receiving chiropractic manipulation 3 times per week. Patient has a previous medical history of a brain aneurysm A number of years ago.

History: Brain aneurysm

Review of Systems: Constitutional- unexplained weight changes

Eyes- no visual changes, eye pain

ENMT- no pearing changes Cardiac- no chest pain, SOB or edema.

Respiratory- no cough or respiratory distress

GI- no nausa, vomiting, adb pain

GU- no dysuria, frequency

Neuro- + headaches or weakness

Msk: Patient complaint upper, middle, and lower back pain with radiation to both shoulders right greater than left as well as the lower extremities bilateral.

Family, Sodial: History: no alcohol, The patient denies tobacco use, no drugs

44-year-old female. Weight 160 height 5 foot 1 inch. Blood pressure 130/96

Physical Exam: Vital signs are stable.

HEENT- no mocephalic, PERRLA, EOM intact thyroid non-palpable

Heart: normal rate, rhythm, and intensity.

Lung: Clear to auscultation bilaterally

Abdomen: Positive bowel sounds, no masses, no bruits, no hernias Neurologic: Cranial nerves 2-12 intact, motor, sensory, vibratory

Ext: ROM in all four extremities, distal pulses are normal

Skin: normal for age and race

Msk-, bilateral paravertebral muscle spasm noted in the cervical spine region. Decreased range of motion in flexion, extension, lateral side bending bilaterally to active and passive motion testing. Patient has bilateral trapezius point tendemess in the right greater than left. Bilateral paravertebral muscle spasm. The thoracolumbar spine region. Decreased range of motion in flexion, extension, lateral side bending right greater than left to active and passive motion testing, gait is normal, the deep tendon reflexes are symmetrical and equal. Sensory testing was normal

Plan: Pt will continue care with referring/treating doctor 3 times-per week

Further testing ordered: MRI of the cervical, thoracic, and lumbar spine region. MRI of the brain due to the ORIGINAL

headaches

Meds: Flexefil 10 mg, one at bedtime

Return to office in 4 weeks

impresssions: Traumatic brain, injury. We'll get MRI of the brain history of brain aneurysm

- 1. cervical myositis/sprain, rule out cervical disc MRI ordered
- 2. thoracic myositis-sprain, rule out thoracic disc MRI ordered ...
- 3. lumbar myositis/sprain, rule out lumbar disc MRI ordered ...

Patient is not to return to employment at time and not to perform household chores which would include food preparation, dusting, deaning, vacuuming, as well as out door chores until further notice Noei Upfall D.O.

electronically signed by: ,

McDonald, Came / 164667



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Novi • Pontiac • Southfield Phone: 888-MRI-4-NOW (888-674-4669) Fax: 800-792-6950 www.PremierMRI.us

Date:

PATIENT:

DOB:

ACCOUNT#:

REF PHYSICIAN:

EXAM:

September 7, 2012

CARRIE MCDONALD

1968

CT L SPINE

History: Low back pain after a motor vehicle accident.

Procedure: CT imaging through the lumbar spine was performed in the axial plane. 3-mm thick slices were reviewed with bone and soft tissue windows. Sagittal and coronal two-dimensional and 3dimensional reconstructions were created.

Findings: The lumbar vertebra are normal in height and density. There is no fracture or bony destructive lesion.

There is no paraspinous soft tissue mass.

There is minimal atherosclerosis of the aorta.

At T12-L1 through L2-3 the disks are normal in height. There is no focal disk displacement or herniation. The canal and foramina are patent.

At L3-4 there is normal disk space heights. There is mild disk displacement. The canal diameter is adequate. The foramina are patent.

At L4-5 there is normal disk space height. There displacement without canal or foraminal stenosis. There is mild disk

At L5-S1 there is disk space narrowing. There is grade 1 retrolisthesis. There is mild diffuse disk displacement. The canal diameter is adequate. There is mild bilateral foraminal stenosis.

IMPRESSION: DISK DISPLACEMENT AT L3-4 THROUGH L5-S1.

GRADE 1 RETROLISTHESIS AND DISK SPACE NARROWING AT L5-S1.

MINIMAL ATHEROSCLEROSIS OF THE AORTA.



Novi • Pontiac • Southfield Phone: 888-MRI-4-NOW (888-674-4669) Fax: 800-792-6950 www.PremierMRI.us

Date:

PATIENT:

DOB:

ACCOUNT#:

REF PHYSICIAN:

EXAM:

September 7, 2012 CARRIE MCDONALD

1968

CT LOWER EXTICT RT HIP

History: Right hip pain after a motor vehicle accident

Procedure: CT imaging through the right hip was performed and an eye. 2-mm thick slices were reviewed in bone and soft tissue windows. Coronal and sagittal two-dimensional reconstructions were created and reviewed as well.

Findings: There is no fracture, dislocation or other acute appearing bony abnormality.

Bony mineralization is satisfactory.

There is subtle subchondral cystic change of the supralateral aspect of the acetabulum. There is no significant joint space narrowing or bony spurring.

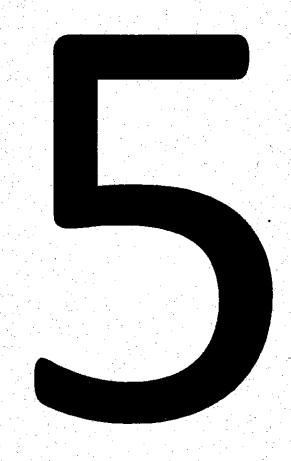
The muscular structures appear normal in density and configuration. There is no evidence for muscle mass or hematoma. The hamstring tendon origin is grossly intact.

There is no space-occupying mass or fluid collection.

There are no enlarged inguinal lymph nodes. There is no evidence for an inguinal hernia.

The visualized portions of the urinary bladder appear normal. There are scattered phleboliths in the pelvis.

IMPRESSION: MILD SUBCHONDRAL CYSTIC CHANGES OF THE SUPRALATERAL ASPECT OF THE ACETABULUM.



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| MCCONALD, CARRIE- | |
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| DATE OF PROCEDURE/SURGERY | _ |
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PROCEDURE NOTE

RE:

PREOPERATIVE DIAGNOSES:

- 1. Lumbar disc herolation, <u>C.S.</u>
- 2. Lumbar spondylosis.
- 3. Facet syndrome.

POSTOPERATIVE DIAGNOSES:

- 1. Lumber dischernistion, 45-5
- 2. Lumbar spandylosis.
- 3. Facet syndrome.

OPERATIVE PROCEDURE:

- 1. Epideral steroid injection, <u>5-s</u>
- 2. Epidurogram.
- 3. Pluoroscopy.
- 4. Si steral facet Injections at ______
- S. Bileteral facet injections at ______

SURGEOM: Louis N. Radden, D.O.

ANSSTHESIA: 3% Nylocalne, 0.25% Marcaine with epinephrine, 80 mg. of Depo-Medrol.

The patient tolerated the procedure well and remained neurologically stable

Logiis N. Rydden, 12

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difficient invocations

Jun. 20, 2013 4:21PM

PROCEQUES NOTE

Freoperative Diagnoses: 1. Lumbar disc herniation,

Lumbar spendylosis.

3. Facet syndrome.

POSTOPERATIVE DIAGNOSES:

1. Lumber disc fernistion,

2. Lumber spondylosis.

3. Facet syndrome.

OPERATIVE PROCEDURE:

1. Epidural steroid injection.

2. Epidurogram.

3. Fluoroscopy.

4. Eilateral facet injections at 64-

5. Bilateral facet injections at Z

SURGEON: Louis M. Radden, D.O.

ANESTHESIA: 4% Mylocaine, 0.25% Marcaine with epinaphrine, 80 mg. of Depo-Medrol.

OFERSTIVE PROCEDURE IN DETAIL. The patient was placed in the prone position. The back was prepped-and-disensivencial usual surgical technique. Under ನಿಲ್ಲಾಯಾಯ್ಕರ control, the appropriate disc. space was identified. The area was infiltrated with 1% hyloteine. Once again under fluoroscopic control, the Touphy needle was then easily incested into the epidural space. This was confirmed by the loss-arresistance technique. After this, approximately 1 co of layue was then injected into the epidural space. The dye flowed freely along the nerve roots without obstruction. Following this, 20 mg, of Depo-Medral and 2 coof salks and 1 coof 0.25% Marcains with spinsphrine were injected into the spidural events was repeated with the bilateral facet joint injections at 1000

The petiant talerated the procedure well and remained neurologically stable.

Louis N. Hedden, &.O.

| MCDONALD, CA | ARRIE TO THE |
|-----------------|----------------|
| 1968 | 2/13/13 |
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<u>EPIOUROGRAM</u>

PREOPERATIVE DIAGNOSES:

 Lumbar disc heന്നത്തെ, Lumbar spondylosis.

POSTOPERATIVE DIAGNOSES:

1. Lumber disc her n'edion,

2. Lumbar spondylosis.

OPERATIVE PROCEDURE:

1. Epidurogsam.

2. Fluoroscopy.

SURGEON: Louis N. Sadden, D.O.

AMESTIMESTA: 1% Xyloxaine, 0.25% Marcaine with epinephrine, 80 mg. of Depo-Medrol.

OPERATIVE PROCEDURE IN DETAIL: The patient was placed in the prone position. The back was prepped and draped under usual surgical technique. Under illustroscopic control, the appropriate disc space was Identified. The area was infiltrated with 1% Xylocaine. Once again under fluoroscopic control, the Touphy needle was then easily inserted into the apidural space. This was confirmed by the loss-of-resistance technique. After this, approximately I colof lsower was then injected into the epidural space. The dye flowed freely along the nerve roots without obstruction. There were no signs of scarring.

The patient tolerated the procedure well and remained neurologically stable.

LNR/dm

Epidurogram.L2513

MCDONALD, CARRIEL 1968 1013 . 3. 13-13

PROCESURE NOTE

<u> Barrio de Mariero de Porto de Como d</u>

DATE OF PROCEDURE/SURGERY

Preoferative Diagnoses:

- Lumber dischemietion
- Lumber spondylesis.
- 3. Facet syndroms.

POSTOPERATIVE DIAGNOSES:

- 1. Lumber dischernistion,
- Lumber spandýlosis.
- 3. Facet Syndrome.

OPERATIVE PROCEDURE:

- Epicural sterold injection
- Spidurogram.
- 3. Яцогозсору.
- 4, Bilsteral facet Injections at 🗸
- S. Gifateral facé: injections at 🚣

SURGEON: Louis N. Radden, D.O.

ANESTHESTA: -2% Xylocaine, 0.25% Marcaine with epinephrips, 80 mg. of Depo-Medral.

OFERETTY SPROCEDURE IN DETAIL: The patient was placed in the prone position. The back was preposed and dispersionally usual surgical technique. Under illustration control, the appropriate disc. space was identified. The area was infiltrated with 1% Xylocaine. Once again under fluoroscopic control, the Toughy needle was then easily inserted into the epidural space. This was confirmed by the loss of resistance technique. After this, approximately 1 or of Isovue was then injected into the epidural space. The dye flowed freely along the nerve mots without obstruction. Following this, 80 mg of Depo-Medical and 2 cc of saline and 3 cc of 0.25% Warcaine with epinephrine were injected into the epidural events was repested with the bilateral facet joint injections at

The patient tolerated the procedure well and remained neurologically stable.

| MCDONALD, CA | |
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EPID UROGRAM

Tingwister (f. vaaiting)

PREOPERATIVE DIAGNOSES:

Lumbar disc harmlation,

Lumbar spondylosis.

POSTOPERATIVE DIAGNOSES:

1. Lumber disc herniation,

Lumbar spandylosis.

OPERATIVE PROCEDURE:

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Fluorascopy.

SURGEON: Louis R. Redden, D.O.

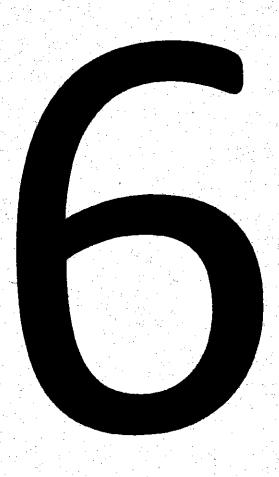
ANESTHESIA: 1% Hylaceine, 0.25% Marcaine with epinephrine, 30 mg, of Depo-Wedrol.

OPERATIVE PROCEDURE IN DETAIL: The patient was placed in the prone position. The back was prapped and draped under usual surgical technique. Under fluoroscopic control, the appropriate disc space was identified. The area was infiltrated with 1% Xylocaine, Once again under fluoroscopic control, the Toughy needle was then easily inserted into the epidural space. This was confirmed by the loss-of-resistance technique. After this, approximately 1 or of isovue was then injected into the spidural space. The dye flowed freely along the nerve roots without abstruction. There were no signs of scatring.

Me patientio erated the procedure well and remained neurologically stable.

UNR/c/m

Spiderogram.L2523



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Independent Evaluation Services, L.L.C.

30555 Southfield Rd. Suite 250 ~ Southfield, Michigan 48076 ~ 877-404-7305 ~ 248-971-2180 ~ 248-971-2188fax www.independentevalservices.com

September 13, 2012

RE: Carrie McDonald

DOB: 468 Claim#: 2697

D/I: 5/23/12

I saw Carrie McDonald for an independent orthopedic evaluation on September 13, 2012 in Southfield, Michigan. This evaluation did not constitute a physician/patient relationship, and I informed her that no treatment would be rendered by me.

SYMPTOMS

Arriving at the clinic today Ms. McDonald stated she was feeling good. She continues to have bilateral aching temple pain. Vision is blurry, she thinks due to use of over the counter glasses. She has low back pain extending to her hips without weakness in the upper or lower extremities. Standing exacerbates the back pain and some relief is attributed to chiropractic manipulation.

HISTORY OF PRESENT ILLNESS

At 9:30 am on May 23, 2012, Ms. McDonald was seated on a Detroit City Bus that was struck from behind by a truck, causing many passengers to fall from their seats. The driver seemed to be alternating pressing the accelerator and the brake, causing Ms. McDonald to be jerked back and forth striking the window, without lacerating her scalp and not throwing her to the floor. She did not lose consciousness, but had severe headaches afterward. She was taken to Receiving Hospital by ambulance where she was observed for three hours and released without x-ray studies. At home a neighbor advised she contact a lawyer who suggested follow-up with Dr. Upfall. She had some x-ray studies without identifying a fracture but a CT scan showed a blood clot "on my brain". Last Friday she had percutaneous placement of a coil in a cerebral artery.

Page 2 September 13, 2012 Carrie McDonald

Pertinent past history includes in 2008 for a cerebral aneurysm that was treated surgically by a coil.

She has been going to a chiropractor 3 times per week, recently decreased to 2 times per week for back pain. Physical therapy is scheduled to start next week.

MEDICATIONS-

She is on the anticoagulant Plavix and takes aspirin.

PAST MEDICAL HISTORY

She denies a history of trauma, surgery (other than noted above), diabetes, arthritis or endocrine conditions. Review of systems is negative for strokes, seizures, epilepsy, migraines, ataxia, diplopia, numbness or weakness. The remainder of the review is unremarkable.

OCCUPATIONAL HISTORY

Ms. McDonald was on her way to her job as a clerk when she was on the bus and has been laid off. She is actively seeking work.

SOCIAL HISTORY

She abstains from smoking and alcohol use. She was educated through the 10th grade of high school, but then has pursued an associate's degree in computers at Wayne County Community College, but is not currently enrolled. Past hobby was swimming. She has no childcare responsibilities.

PHYSICAL EXAMINATION

Ms. McDonald is an overweight woman whose height is 5'2" and weight is 209 pounds. She ambulates with a normal gait without limping. She was not unable to perform a squat nor

Page 3
September 13, 2012
Carrie McDonald

could she walk on her heels or toes, likely due to her body habitus. She did not appear in pain. Spinal curvatures were normal.

Examination showed her head to be normocephalic and atraumatic. Cranial nerves II through XII were intact. Visual fields are full. PERRLA and EOM intact. She moves all extremities without difficulty. Her pinch strength was 9 pounds on the right and 5 pounds on the left. She has no sign of spasticity. Deep tendon reflexes are 3+ in the upper extremities, absent in the knees, and ankles. Straight leg raising is negative bilaterally. There is no tenderness to palpation of the lumbar spine. There is no sign of symptom magnification.

Her speech is fluent, memory is quick without any scanning. Her mood seemed upbeat. Rhomboid tests were negative and she can do tandem walking effectively.

RECORD REVIEW

No records were available.

IMPRESSION

Ms. McDonald sustained trauma in a bus/truck accident in May 2012 and was not seen until later after she developed severe headaches and was found to have an intracranial bleed, likely from a coup-contrecoup force on the brain resulting in swinging of the brain inside the cranium, causing an aneurysm to bleed. She had a previous coil placed for an aneurysm in 2008. Last Friday, she was treated by the percutaneous placement of another coil, she said.

Subsequently, she has been recovering, but still has intermittent headaches and is restricted post-operatively by her attending physician, who intends to see her next week. Ms. McDonald is motivated to return to work when released.

Based on her history, she sustained an intracranial bleed as the result of the motor vehicle accident. Examination does not show any neurological sequelae and the prognosis for full recovery is good.

Page 4 September 13, 2012 Carrie McDonald

RECOMMENDATION

It is recommended that she receive physical therapy addressed to her low back complaints. There were no signs of nerve root impingement and she is uncertain whether the studies showed disc injury from the accident. Based on examination findings alone, it appears that she has a soft tissue strain of her back that should resolve with further physical therapy.

Thank you for the opportunity of evaluating this individual. If you have any questions, please do not hesitate to contact me at Independent Evaluation Services.

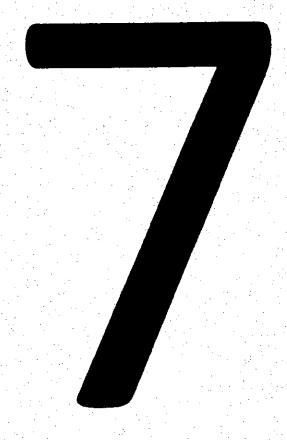
Sincerely,

Richard Ilka, M.D.

Richard A. Ilka, M.D., M.P.H. Board Certified Occupational & Environmental Medicine Consultant to Independent Evaluation Services

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Independent Evaluation Services, L.L.C.

30555 Southfield Rd. Suite 250 ~ Southfield, Michigan 48076 ~ 877-404-7305 ~ 248-971-2180 ~ 248-971-2188fax www.independentevalservices.com

February 26, 2013

RE: Carrie McDonald

DOB: 1968

Claim#: 2697

D/I: 05/23/2012

Today, February 26, 2013, I had the opportunity to perform an independent medical evaluation on Ms. Carrie McDonald at your request. Allegations include headaches, neck pain, back pain, bilateral shoulder and hip pain.

Before we began, Ms. McDonald was informed that this was an evaluation only and no treatment would be rendered.

HISTORY OF PRESENT COMPLAINT

Ms. McDonald is a 45-year-old, right-handed female who was involved in a bus accident on May 23, 2012. She states she was sitting on the left side of the bus when the bus was rearrended. This caused the driver to initially hit the gas and then to brake. With these movements, Ms. McDonald reports that she fell out of her seat and then back into it. She denies hitting her head or losing consciousness. She was having some back and neck pain, as well as dizziness. Police and EMS came and she was taken to Receiving Hospital. She states at Receiving Hospital, she was given some pain pills, which she believes were Naproxen and sent home.

Over the next week, it appears she obtained services of an attorney and also started treatment with Dr. Ryan at Elite Chiropractic for treatment. She also saw Dr. Upfall who may be affiliated with Elite Chiropractic, as well. About a month after the accident, she also saw her primary care physician, Dr. Yanez, for regular follow up and for the back pain. With regards to the back, he implemented no treatment.

Page 2 February 26, 2013 Carrie McDonald

She continues to follow up with Dr. Ryan for chiropractic treatments, at this time seeing him approximately two times a month. She reports that when she is doing the treatment, she does feel better, though she has minimal long lasting relief. Approximately one to two months after the accident, she did start physical therapy, though this was stopped secondary to brain surgery. She does feel that therapy was helping.

She does follow up with Dr. Upfall, who she saw approximately a month ago. He was prescribing medications and did order some CT scans of the neck, back and hips though she is uncertain of the results. He has also referred her to a pain specialist, Dr. Raden, approximately two to three months ago. It appears that Dr. Raden is writing for her Vicodin at this time. He is also performing what appear to be lumbar epidural injections. She has completed two injections and has one more pending. She feels they help a little bit, but they do not last long.

Since her accident, she has had a brain ancurysm repaired this past August. She also had a previous brain ancurysm repaired in 2008.

She denied any history of back or neck pain or previous motor vehicle accidents.

CURRENT COMPLAINTS

She is currently complaining of neck and back pain that radiates into the left greater than right hip. Her main problem is the back and hip pain.

She states the back pain is located more in the center and is described as an aching. She notes it is hard for her to stand up, but when she is up, the pain does seem to ease up. Pain overall is worse with transition movements, in the morning, and if she is in one position too long, as well as when it rains. Symptoms are better with moving around and with changing her position. She denies any numbness or tingling down the legs, though she does have occasional pain in the left lateral thigh that just comes and goes.

With regards to the neck pain, this comes and goes. It is located mainly in the middle of the neck over the "spine bone". She describes this as a pressure to a tightness and soreness. This neck pain can be worse with looking down too long and better if she straightens the neck and does some exercises a little bit. She denies any radiation of symptoms down the upper extremities; no numbness or tingling.

Page 3 February 26, 2013 Carrie McDonald

She states that with her treatment, her neck pain has improved approximately 15 to 20 percent and her back approximately 10 percent.

PAST MEDICAL HISTORY

Negative.

PAST SURGICAL HISTORY

Brain aneurysm, status-post coiling in 2008 and 2012.

MEDICATIONS

Vicodin approximately 4 per day. She has been taking this for approximately two months as prescribed by Dr. Raden.

ALLERGIES

No known drug allergies.

SOCIAL HISTORY

She is single. She does not smoke or drink. When asked about her history, she states she does not want to answer these questions.

WORK HISTORY

Her last date of work was April 26, 2011. At that time, she worked for a cook at C.F. & G. Enterprise.

Page 4
February 26, 2013
Carrie McDonald

REVIEW OF SYSTEMS

Review of systems is positive for weight gain, night sweats, headaches, back and neck pain, difficulty reading with occasional blurred vision, occasional weakness in the arm and leg, intermittent constipation, occasional forgetfulness. All other systems reviewed were negative.

PHYSICAL EXAMINATION

Height: 5'1". Weight: 219 pounds. Movements on and off the examination table are fluid. Gait is non-antalgic with a normal heel strike. Patient is able to walk on her heels, but is unable to walk on her toes or to squat.

With examination of the cervical spine, patient reports diffuse tenderness to palpation in the midline and bilateral paraspinals. She has decreased extension and rotation with increased pain most notably with extension. She does hold her neck in a slightly protruded position.

On examination of the lumbar spine, she reports tenderness to palpation in the midline and bilateral paraspinals from L5 through the sacrum. Range of motion with flexion is limited to less than 30 degrees. Extension and side bending is within functional limits. There is increased pain with flexion. Patient does have an exaggerated lordosis in a standing position. Straight leg raise, seated and supine, are negative. There is no palpable shelf or step-off. With Patrick's on the right, she complains of groin pain. With Patrick's on the left, she complains of lateral hip pain.

She has full range of motion of her shoulder, elbow, wrist, hip, knee and ankle. No edema, erythema or increased warmth is noted of any joint. With left hip internal and external rotation, she does complain of left lateral thigh pain. With examination of the shoulder, impingement signs and empty can testing are negative.

Cranial nerves II through XII are intact. Sensation to light touch and pinprick is intact in the bilateral upper and lower extremities. Strength is 5/5 in the bilateral upper and lower extremities. Reflexes are 2+ in the bilateral upper extremities and decreased in the bilateral lower extremities. Hoffman and Babinski are negative.

Page 5 February 26, 2013 Carrie McDonald

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Patient has normal pulses. No significant edema in the lower extremities. No calf tenderness to palpation. Patient has a scar in the right forearm and in the right knee.

RECORD REVIEW

There is an IME done at Independent Evaluation Services by Dr. Richard Ilka, M.D., Board Certified Occupational and Environmental Medicine. This documents a patient who is having bilateral aching temple pain with blurred vision, which the patient thought-was due to use of over-the-counter glasses. She also had low back pain extending to the hips with some relief attributed to the chiropractor. Patient was involved in a Detroit City bus accident on 5/23/12. She was treated at Receiving Hospital and discharged. A neighbor advised she contact a lawyer who suggested she follow up with Dr. Upfall. She had x-rays without identifying a fracture, but a CT scan showed a blood clot on her brain and she had a percutaneous placement of a coil in the cerebral artery the week prior to the exam. She also was noted to have a previous cerebral aneurysm treated in 2008. Patient impression was Coup-countrecoup force in the brain causing her aneurysm to bleed. She still had intermittent headaches and was restricted by her attending physician who she was to follow up with the next week. On exam, there was no neurological sequelae and prognosis for full recovery is good. It was recommended that she receive physical therapy to address her low back complaints. There were no signs of nerve root impingement.

IME from IES by Dr. Alex Steinbock on 10/19/12 was reviewed. Patient is a 44-year-old female who presents for neck and back pain status-post accident. It was noted that she had a coiling for her aneurysm on August 30 and has had frequent headaches since. Symptoms are worse with head movement. It is noted that she goes to a chiropractor monthly and physical therapy three times per week and is currently taking pain medication. Diagnosis was post-traumatic cephalgia, cervical strain, and lumbar strain. There were no objective neurological deficits on examination. There is no evidence of radiculopathy. Prognosis for function and recovery is good. It was noted that her current complaints are primarily musculoskeletal and that she should have recovered from these injuries.

Note from Dr. Noel Upfall dated 11/8/12 is reviewed. This notes the patient had brain surgery on 8/30 at Harper. Patient was a bus passenger not wearing a seat belt on 5/23/12. She was complaining of upper, middle and lower back pain with radiation of the pain down both shoulders and both lower extremities. She denies loss of consciousness though she does have a headache. She continues to see her spine specialist for pain management. He

Page 6 February 26, 2013 Carrie McDonald

notes that she may be having an arthrogram of her shoulder recommended by an orthopedic specialist. Patient with complaint of upper, middle and lower back pain. Patient with decreased range of motion in the right hip and the shoulders with pain above 45 degrees. Patient is diagnosed with cervical myositis/sprain, thoracic myositis/sprain, lumbar myositis/sprain. Patient is not to return to employment at that time and not to perform household chores which would include food preparation, dusting, cleaning, vacuuming, as well as outdoor chores until further notice.

Records from Elite Health Center as documenting work-employment disability dated 8/21/12 and 5/25/12 and 6/25/12 are reviewed.

Physical therapy note of 9/24/12 is reviewed.

<u>IMPRESSION</u>

After completing a comprehensive history and physical examination, as well as reviewing the above submitted medical records, based on the information available to me today, it is my opinion that Ms. McDonald suffered a cervical and lumbar strain/sprain. It appears that secondary to the force of the injury, she may have had a coup-countrecoup force causing her aneurysm to bleed for which she has had a coiling. It appears that she was having headaches initially, but those seem to have resolved at this time.

At this time, patient is complaining of neck and back pain with reported tenderness to palpation and decreased range of motion. Neurological exam is essentially normal at this time.

At this time, patient should be able to return to full duty as long as she has been released by her neurosurgeon. I would expect the patient to be at maximal medical improvement with treatment with regards to her back and neck pain. At this time, patient does not appear to be in need of any attendant services.

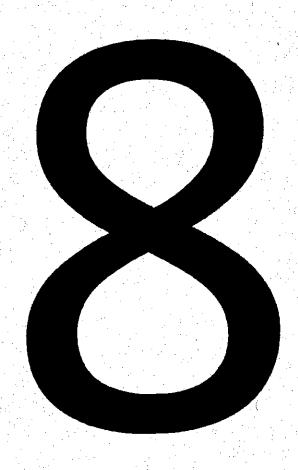
Thank you for the opportunity of evaluating this individual. If you have any questions, please do not hesitate to contact me at Independent Evaluation Services.

Page 7 February 26, 2013 Carrie McDonald

Sincerely,

Christopher Schoenherr, M.D. PM&R

CS/amn



13-53846-tjt Doc 11606 Filed 10/06/16 Entered 10/06/16 14:21:37 Page 80 of 140

MICHIGAN CENTER FOR PHYSICAL T

INDIVIDUAL PATIENT DETAIL REPORT

Printed on02/05/2014 Wednesday 12:59:43

Assignment Yes

Date From To 02/05/2014

| Name N | ICDONAL | D, CAI | RRIE | | Acct# | | Phone | Cash Bal | 0,00 |
|--------|----------------|--------|---------------|-------------|-------------|-------------|------------------|-------------|------------|
| Title | DRO | Ref | _ | Marital Uni | known | SSN | Work | ins Bai | 4,350.00 |
| Addres | <u>-</u> | | | | | | | Birthday | 1968 |
| | COD BAN | KRUP | TCY | | | | | First Visit | 09/25/2012 |
| Note | FROM BI | TNER | _ | | | | | Last Date | 12/17/2012 |
| talla | | ation | | | | | | | |
| Financ | ial Code | AA | Ins CodeC | OD | Insu | red's Name | MCDONALD, CARRIE | Relation | Self |
| ID No# | | 269 | 7 Gn | oup Number | | | Phone Phone | Participa | ate Yes |

Address
INS Name & Address
CITY OF DETROIT LAW DEPT., 2 WOODWARD AVENUE, DETROIT, MI 48226

Diagnosis Information: 7245 / 7291 /

| | | | | | | | | | | e Siral III | | | | |
|-------------------------------|------------------------|-----------------------|-------------|------------------------------|--------------------------|-------------------|---------------------------|-------------|--|-----------------|-------------------------------|-----------------------|------------|----------|
| Claim | Service | Proc | | (25 de 27) (3 1 de 27) (3 | as I have a series | Expect | Pat | Cash | | icipat | A Jihana | Balanc | e . Ins | RefiD |
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| 13957 | 09/24/2012 | 97001 | 7245 | 04 | 150.00 | 150.00 | 0.00 | 0.00 | Ø.00 | 0.00 | 0.00 | 0.00 | 150.00 | 85241 |
| 14141 | 10/05/2012 | 970104 | 7245 | 04 | 7. Ž0.00 | 70,00 | 0.00 | ~ે 0.00 ∕ | 0.00 | 0.00 | O.D | 0.00 | 7C.90 | 86574 |
| 14141 | 10/05/2012 | 2 97032 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 80575 |
| 14141 | 10/05/201 | Z 97035 | 7245 | .04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 86576 |
| 14141 | 10/05/2013 | 2 97110 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0,00 | 70.00 | 86577 |
| 14141 | 10/05/201 | 2 97140 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | O.00 | 0.00 | 0.00 | 0.0D | 70.00 | 86578 |
| 14206 | 10/10/201 | 2 97010 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0_00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 87052 |
| 14206 | 10/10/201 | 2 97035 | 7245 | 04 | 70.00 | 70.00 | . d.00 | 0.00 | 7 O.00 | 0.00 | 0.00 | 0.00 | 70.00 | 87053 |
| 14206 | 10/10/201 | 2 97014 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 87054 |
| 14206 | 10/10/201 | 2 97110 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0,00 | 70,00 | 87055 |
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| 14324 | 10/17/201 | Section Committee | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 87763 |
| 14324 | 10/17/201 | No Bus Asia | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 87764 |
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| 14324 | (4) 张克特亚克尔亚尔特中心 | THE PROPERTY OF | 7245 | 04 | 70.00 | 70.00 | 0.00 | C.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 88198 |
| 14382 | | | 7245 | 04 ಪಡಿಕಾಗ | Authorization 60, 9609 P | the last entitles | ALLOS OF THE STATE OF THE | ∽ 0.00 - | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 88199 |
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| 14458 | ×10/24/20 | 12:97014 | 7245 | -04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 68592 |
| 14458 | 10/24/20 | 12 97110 | 7245 | 04 | 140.00 | 140.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 140.00 | 88593 |
| 14458 | 10/24/20 | 12 97 140 | 7245 | . D4 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0,00 | 70.00 | 88594 |
| 14588 | 10/31/20 | 12 97010 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 89495 |

| Claim | Service | Proc | | * 2 | Service | Expect | Pat | Cash | 44. A SET \$1. (1) A. | Participat | | Balar | | 199 |
|--|--|---------------------------------------|---------------|--------------|-------------------------------|--|---------------------------------|-----------------------|--|-------------------------|--|--|------------------|------------------|
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| 14783 | 11/12/201 | are market | 7245 | 04 | 70.00 2.0884446 | 70.00 | 0.00 | 0.00 | 00.0 | 0.00 Geografia | ,000 . 66.6% Self | 0.00 0.00 | 70,00 70,00 | 90682 90683 |
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| 14783 | | e objecto operation in a March of the | 7245 ວາວທະ | - 04 ≅%∀∴ | 70.00 - 12:00 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 0.00 | 0,00 .do.o⊘ ∀≲⊜ | 0.00 0.00 | 70.00 140.00 | 90684 90685 |
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| 15374 | 12/17/201 | 12 97010 | 7245 | 04 | 70.00 | 70.00 | 0.00 | 0.00 | D.00 | 0.00 | -70.00 | 0.00 | 0.00 | 94444 |
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| 15374 | 12/17/20 | 2 97110 | 7245 | 04 | 140.00 | 140.00 | | 0.00 | 140.00 | 0.00 | 0.00 | 0.00 | 0.00 | 94447 |
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| 15374 | 07/05/20 | 3 INSPA | V 7245 | 1 | 0.00 | 0.0 0 | 0.00 | 0.00 | 150.29 |) | 09:00 | - 0.00 | 0.00 | 116888 |
| 15374 | 07/05/20 | 13 PARAL |)J 7245 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 59.71 | 0,00 | 0.00 | 116689 |
| 15374 | 07/05/20 | 13 INSCR | E 7245 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 | 0.00 | 0.00 | 116890 |
| 15374 | 07/05/20 | 13 INSPA | Y 7245 | | 0.00 | 0.00 | 0.00 | 0.00 | 140.00 | 0.00 | 0.00 | 0.00 | 0.00 | 116891 |
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Note: DX - Diagnosis DR - Doctor

| A LEDERAL MEDITOR | MASTERCARD | . □VISA |
|--|-----------------------------|-----------------------------|
| RONALD S LEDERMAN MD PLLC PO BOX 638027 | CARD NUMBER | AMOUNT |
| CINCINNATI OH 45263-8027 | SIGNATURE | EXP.DATE |
| 48-889-4580 | AMOUNT DUE NOW STATEMENT DA | TE ACCOUNT NUMBER AMOUNT EN |
| • | 0.00 02/05/2014 | 3530 |
| EIN# 010760039 | | 33 |
| | | |
| A TOP MODELLA | RONALD S LEDERMA | N MD PLLC |
| CARRIE MCDONALD | PO BOX 638027 | |
| | CINCINNATI OH 4526 | 3-8027 |
| | 248-889-4580 | |
| | | |
| | | |

| | 1 | | DESCRIPTION | ACCOUNT ACTIVITY | | | |
|------------|----------|--------|--|------------------|---------|--|--|
| DATE | PATIENT | | DESCRIPTION | INSURANCE | PATIENT | | |
| | CARRIE M | ICDONA | ALD | | | | |
| | | Date | Statement from 01/01/2000 to 02/05/2014 | | | | |
| 04/02/2013 | | 99203 | OFFICE VISIT, NEW PT; MODERATE | 450.00 | | | |
| 04/02/2013 | | 76942 | ULTRASOUND GUIDE FOR NEEDLE PLACEMENT | 500.00 | | | |
| 04/02/2013 | | 20610 | INJECTION, LARGE JOINT (KNEE/HIP/SHOULDR | 300,00 | | | |
| 04/02/2013 | | J3301 | KENALOG INJECTION, 10 MG | 140.00 | | | |
| 04/02/2013 | | 73520 | X-RAY; HIPS, BILATERAL, MIN 2 VIEWS | 180,00 | | | |

BALANCE

1570.00

0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT

BILLING QUESTIONS PLEASE CALL (248) 889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 33-3530 CARRIE

MAKE CHECKS PAYABLE TO: RONALD S LEDERMAN MD PLLC

PO BOX 638027

13-53846-tjt Doc 11606 IN MAR DOC 11606

ELITE HEALTH CENTERS INC 13927 PLUMBROOK ROAD STERLING HEIGHTS MI 48312-1727 248-889-4580

EIN# 900748329

CARRIE MCDONALD

| | | L OUT BELOW, CHECK CARD USED. |
|----------------|----------------|-------------------------------|
| | MASTERCARD | VISA |
| CARD NUMBER | | AMOUNT |
| SIGNATURE | _ | EXP.DATE |
| AMOUNT DUE NOV | STATEMENT DATE | ACCOUNT NUMBER AMOUNT ENCLOSE |
| 0.00 | 02/05/2014 | 2430 |
| | | 23 |
| | | |

ELITE HEALTH CENTERS INC 13927 PLUMBROOK ROAD STERLING HEIGHTS MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT, RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| ATIENT > | | ACCOUNT ACTIVITY | | |
|------------------------|--|--|--|--|
| ATIENT | DESCRIPTION | INSURANCE PATIENT | | |
| ARRIE MCDONALD | | | | |
| 99204 OFFICE VISIT NEW | PATIENT EXTENSIVE | 250.00 | | |
| INSURANCE PAYMENT | | -216.40 | | |
| PARTICIPATING ADJUST | MENT | -33.60 | | |
| 99214 OFFICE VISIT EST | ABLISHED PT EXTENSIVE | 200.00 | | |
| INSURANCE PAYMENT | | -136.85 | | |
| PARTICIPATING ADJUST | MENT | -63.15 | | |
| 99214 OFFICE VISIT EST | ABLISHED PT EXTENSIVE | 200.00 | | |
| INSURANCE PAYMENT | | -145.55 | | |
| PARTICIPATING ADJUST | MENT | _54.45 | | |
| 99214 OFFICE VISIT EST | ABLISHED PT EXTENSIVE | 200.00 | | |
| INSURANCE PAYMENT | | -144.75 | | |
| PARTICIPATING ADJUST | MENT | -55.25 | | |
| 99214 OFFICE VISIT EST | ABLISHED PT EXTENSIVE | 200.00 | | |
| INSURANCE PAYMENT | | -144.75 | | |
| PARTICIPATING ADJUST | rment | -55.25 | | |
| 99214 OFFICE VISIT EST | ABLISHED PT EXTENSIVE | 200.00 | | |
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BALANCE 800.00 0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 23-2430 CARRIE

MAKE CHECKS PAYABLE TO:

ELITE HEALTH CENTERS INC

13927 PLUMBROOK ROAD

IF PAYING BY CREDIT CARD, FILL OUT BELOW, CHECK CARD USED. MAKE CHECKS PAYABLE TO: MASTERCARD VISA ELITE HEALTH CENTERS INC CARD NUMBER AMOUNT 13927 PLUMBROOK ROAD EXP.DATE SIGNATURE STERLING HEIGHTS MI 48312-1727 248-889-4580 AMOUNT DUE NOW STATEMENT DATE ACCOUNT NUMBER AMOUNT ENCLOSED 0.00 02/05/2014 2430 23 EIN# 900748329 ELITE HEALTH CENTERS INC CARRIE MCDONALD 13927 PLUMBROOK ROAD STERLING HEIGHTS MI 48312-1727 248-889-4580 Please check if address or insurance has changed. Make changes on reverse side PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS. ACCOUNT ACTIVITY DATE **PATIENT** DESCRIPTION INSURANCE PATIENT CARRIE MCDONALD -- CONTINUE --200.00 99214 OFFICE VISIT ESTABLISHED PT EXTENSIVE 06/27/2013

BALANCE 800.00 0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
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| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 23-2430 CARRIE

MAKE CHECKS PAYABLE TO:

ELITE HEALTH CENTERS INC

13927 PLUMBROOK ROAD

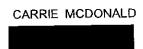
ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

| IF PAYING BY CREDIT CARD, FILL OUT | BELOW, CHECK CARD USED. |
|------------------------------------|-----------------------------|
| MASTERCARD | VISA |
| CARD NUMBER | AMOUNT |
| SIGNATURE | EXP.DATE |
| AMOUNT DUE NOWSTATEMENT DATE ACCO | OUNT NUMBER AMOUNT ENCLOSED |

0.00 02/05/2014

1910

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ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

egologia i se kala se kilotogia silagen at ar kan di merkakenda dalamak

| | T | DECEDITION | ACCOUNT ACTIVITY |
|------------|----------|---|-------------------|
| DATE | PATIENT | DESCRIPTION | INSURANCE PATIENT |
| | CARRIE M | CDONALD | |
| 05/25/2012 | | 99205 OFFICE VISIT NEW PATIENT COMPREHENSIVE | 325.00 |
| 05/25/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 05/25/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 05/25/2012 | | 72052 X-RAY EXAM SPINE, CERVICAL, COMPLETE | 225.00 |
| 05/25/2012 | | 72070 X-RAY EXAM SPINE, THORACIC, 2 VIEWS | 150.00 |
| 05/25/2012 | | 72114 XRAY, COMPLETE L/S SPINE, BENDING VIEWS | 250.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -975.17 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -39.83 |
| 05/29/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 05/29/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 05/29/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -133.04 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.96 |
| 05/30/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 05/30/2012 | • | 97010 HOT/COLD PACK PT | 50.00 |
| 05/30/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -133.04 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.96 |

BALANCE

2125.00

0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO: ELITE CHIROPRACTIC PC

13927 PLUMBROOK ROAD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

| IF PAYING BY | CREDIT CARD, FILL O | UT BELOW, CHECK CARD | USED. |
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| | MASTERCARD | □VISA | |
| CARD NUMBER | | AMOUNT | |
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| AMOUNT DUE NOV | STATEMENT DATE AC | COUNT NUMBER AMOUNT E | NCLOSE |
| 0.00 | 02/05/2014 | 1910 | |
| | | 21 | |

CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT, RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| | | DESCRIPTION | | ACCOUNT ACTIVITY |
|------------|----------|-------------------|--------------------------|-------------------|
| DATE | PATIENT | | DESCRIPTION | INSURANCE PATIENT |
| | CARRIE N | ICDONALD | CONTINUE | |
| 6/04/2012 | | 98941 MANIPULATIO | N TREATMENT 3-4 REGIONS | 80.00 |
| 06/04/2012 | | 97010 HOT/COLD PA | CK PT | 50.00 |
| 06/04/2012 | | 97012 MECHANICAL | TRACTION | 65.00 |
| 2/14/2013 | | INSURANCE PAYMEN | NT | -133.04 |
| 02/14/2013 | ٠ | PARTICIPATING ADJ | JUSTMENT | -11.96 |
| 06/06/2012 | | 98941 MANIPULATIO | ON TREATMENT 3-4 REGIONS | 80.00 |
| 06/06/2012 | | 97010 HOT/COLD PA | ACK PT | 50.00 |
| 06/06/2012 | | 97012 MECHANICAL | TRACTION | 65.00 |
| 02/14/2013 | | INSURANCE PAYME | NT ' | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJ | JUSTMENT | -11.37 |
| 06/08/2012 | | 98941 MANIPULATIO | ON TREATMENT 3-4 REGIONS | 80.00 |
| 06/08/2012 | | 97010 HOT/COLD PA | ACK PT | 50.00 |
| 06/08/2012 | | 97012 MECHANICAL | TRACTION | 65.00 |
| 02/14/2013 | | INSURANCE PAYME | ENT | -133.63 |
| 02/14/2013 | | PARTICIPATING AD. | JUSTMENT | -11.37 |
| 06/13/2012 | | 98941 MANIPULATIO | ON TREATMENT 3-4 REGIONS | 80.00 |
| 06/13/2012 | | 97010 HOT/COLD PA | ACK PT | 50.00 |
| 06/13/2012 | | 97012 MECHANICAL | TRACTION | 65.00 |

BALANCE 2125.00 0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO:

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

| IF PAYING BY | CREDIT CARD, FILL | OUT BELOW, CHECK CARD US | ED. |
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CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| DATE DATIENT | DATIENT | DESCRIPTION | ACCOUNT ACTIVITY |
|--------------|--------------|--|-------------------|
| DATE | PATIENT | DESCRIPTION | INSURANCE PATIENT |
| | CARRIE N | ACDONALD CONTINUE | |
| 02/14/2013 | | INSURANCE PAYMENT | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.37 |
| 06/18/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 06/18/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 06/18/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | |
| 06/20/2012 | - | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 06/20/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 06/20/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | • | INSURANCE PAYMENT | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.37 |
| 06/25/2012 | | 99213 OFFICE VISIT ESTABLISHED PT MODERATE | 150.00 |
| 06/25/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 06/25/2012 | | 97140 MANUAL TRACTION, TRIGGER PT RELEASE | 70.00 |
| 06/25/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 06/25/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -224.41 |

BALANCE 2125.00 0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
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| L | <u> </u> | <u> </u> | | |

ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO:

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

| IF PAYING BY | CREDIT CARD, FILL | OUT BELOW CHECK CARD USED. | |
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| | MASTERCARD | ∐VISA | |
| CARD NUMBER | | AMOUNT | |
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CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

☐ Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT, RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| DATE | DATE PATIENT | | DESCRIPTION | ACCOUNT ACTIVITY |
|------------|--------------|--|--------------------------|-------------------|
| DATE | FAILNI | | DESCRIPTION | INSURANCE PATIENT |
| | CARRIE N | /CDONALD | CONTINUE | |
| 02/14/2013 | | PARTICIPATING AD | JUSTMENT | -60.59 |
| 06/27/2012 | | 98941 MANIPULATIO | ON TREATMENT 3-4 REGIONS | 80.00 |
| 06/27/2012 | | 97012 MECHANICAL | . TRACTION | 65.00 |
| 06/27/2012 | | 97010 HOT/COLD PA | ACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYME | ENT | -133.63 |
| 02/14/2013 | | PARTICIPATING AD | JUSTMENT | -11.37 |
| 07/06/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | | 80.00 |
| 07/06/2012 | | 97012 MECHANICAL TRACTION | | 65.00 |
| 07/06/2012 | | 97010 HOT/COLD PACK PT | | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | | -11.37 |
| 07/09/2012 | | 98941 MANIPULATK | ON TREATMENT 3-4 REGIONS | 80.00 |
| 07/09/2012 | | 97012 MECHANICAL | TRACTION | 65.00 |
| 07/09/2012 | | 97010 HOT/COLD P. | ACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYM | ENT | -133.63 |
| 02/14/2013 | • | PARTICIPATING AD | JUSTMENT | -11.37 |
| 07/13/2012 | | 98941 MANIPULATION | ON TREATMENT 3-4 REGIONS | 80.00 |
| 07/13/2012 | | 97012 MECHANICAI | TRACTION | 65.00 |

BALANCE 2125.00 0.00

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO:

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD

13-53846-tjt Doc 11606 Filed 10/06/16 Entered 10/06/16 14:21:37 Page 89 07:140

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

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CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS

| DATE | DATIENT | DESCRIPTION | ACCOUNT ACTIVITY |
|------------|----------|--|-------------------|
| DATE | PATIENT | | INSURANCE PATIENT |
| | CARRIE M | CDONALD CONTINUE | · · |
| 07/13/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | 11.37 |
| 07/18/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 07/18/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 07/18/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | • | INSURANCE PAYMENT | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.37 |
| 07/25/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 07/25/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 07/25/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -133 63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.37 |
| 07/30/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 07/30/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 07/30/2012 | | 97010 HOT/COLD PACK PT | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -133.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | -11.37 |

0.00 2125.00 BALANCE

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO: ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

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CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT, RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| DATE | DATE PATIENT DESCRIPTION | | ACCOUNT ACTIVITY |
|------------|--|--|-------------------|
| DATE | FATIENT | DESCRIPTION | INSURANCE PATIENT |
| | CARRIE M | MCDONALD CONTINUE | |
| 08/03/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 08/03/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 08/03/2012 | - | 97010 HOT/COLD PACK PT | 50.00 |
| 07/29/2013 | | INSURANCE PAYMENT | -133.63 |
| 07/29/2013 | | PARTICIPATING ADJUSTMENT | -11.37 |
| 08/10/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 08/10/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 08/10/2012 | 97010 HOT/COLD PACK PT | | 50.00 |
| 02/14/2013 | | INSURANCE PAYMENT | -1 33.63 |
| 02/14/2013 | | PARTICIPATING ADJUSTMENT | 11.37 |
| 08/21/2012 | 99213 OFFICE VISIT ESTABLISHED PT MODERATE | | 150.00 |
| 08/21/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 08/21/2012 | | 97012 MECHANICAL TRACTION | 65.00 |
| 08/21/2012 | 1/2012 97010 HOT/COLD PACK PT | | 50.00 |
| 02/14/2013 | 1/2013 INSURANCE PAYMENT | | -234.05 |
| 02/14/2013 | PARTICIPATING ADJUSTMENT | | -60.95 |
| 09/10/2012 | | 99213 OFFICE VISIT ESTABLISHED PT MODERATE | 150.00 |
| 09/10/2012 | 98941 MANIPULATION TREATMENT 3-4 REGIONS | | 00.08 |

2125.00 0.00 BALANCE

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
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ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO: ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

| IF PAYING B | Y CREDIT CARD FILL | OUT BELOW, CHECK CARD USED. |
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| | MASTERCARD | visa |
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CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT, RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| DATE | PATIENT | DESCRIPTION | ACCOUNT ACTIVITY | |
|------------|---|--|-------------------|--|
| DAIE | FAILE | DEGOKII NON | INSURANCE PATIENT | |
| | CARRIE N | ACDONALD - CONTINUE - | | |
| 09/10/2012 | | 97012 MECHANICAL TRACTION | 65.00 | |
| 09/10/2012 | | 97010 HOT/COLD PACK PT | 50.00 | |
| 07/29/2013 | | INSURANCE PAYMENT | -234.11 | |
| 07/29/2013 | | PARTICIPATING ADJUSTMENT | -60.89 | |
| 09/19/2012 | <u> </u> | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 | |
| 09/19/2012 | | 97012 MECHANICAL TRACTION | 65.00 | |
| 09/19/2012 | | 97010 HOT/COLD PACK PT | 50.00 | |
| 07/29/2013 | | INSURANCE PAYMENT | -133.90 | |
| 07/29/2013 | | PARTICIPATING ADJUSTMENT | -11.10 | |
| 10/15/2012 | | 99213 OFFICE VISIT ESTABLISHED PT MODERATE | 150.00 | |
| 10/15/2012 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 | |
| 10/15/2012 | | 97012 MECHANICAL TRACTION | 65.00 | |
| 10/15/2012 | | 97112 NEUROMUSCULAR REEDUCATION | 55.00 | |
| 10/15/2012 | 97110 THERAPEUTIC EXERCISE, EACH 15 MINUTES | | 55.00 | |
| 10/15/2012 | 97010 HOT/COLD PACK PT | | 50.00 | |
| 07/29/2013 | | INSURANCE PAYMENT | -343.77 | |
| 07/29/2013 | | PARTICIPATING ADJUSTMENT | -61.23 | |
| 01/11/2013 | | 99213 OFFICE VISIT ESTABLISHED PT MODERATE | 150.00 | |
| | | | | |

0.00 2125.00 BALANCE

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
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| | | l . | 1 | · |

ACCT: 21-1910 CARRIE

ACCOUNT ACTIVITY

MAKE CHECKS PAYABLE TO: ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

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| IF PAYING BY | CREDIT CARD,FIL | L OUT BELOW, CHECK CARD USED. |
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CARRIE MCDONALD

ELITE CHIROPRACTIC PC 13927 PLUMBROOK ROAD STERLING HEIGHT MI 48312-1727 248-889-4580

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS

| | | PERCENTION | ACCOUNT ACTIVITY |
|---|---|--|-------------------|
| DATE | PATIENT | DESCRIPTION | INSURANCE PATIENT |
| I | CARRIE M | CDONALD CONTINUE | |
| 01/11/2013 | | 98940 MANIPULATION TREATMENT 1-2 REGIONS | 35.00 |
| 01/11/2013 | | 97010 HOT/COLD PACK PT | 50.00 |
| 01/11/2013 | | 97012 MECHANICAL TRACTION | 65.00 |
| 02/11/2013 | 99212 OFFICE VISIT ESTABLISHED PT LIMITED | | 100.00 |
| 02/11/2013 98941 MANIPULATION TREATMENT 3-4 REGIONS | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 02/11/2013 | 97010 HOT/COLD PACK PT | | 50.00 |
| 02/11/2013 | 1/2013 97012 MECHANICAL TRACTION | | 65.00 |
| 04/18/2013 | 98941 MANIPULATION TREATMENT 3-4 REGIONS | | 80.00 |
| 04/18/2013 | 97140 MANUAL TRACTION, TRIGGER PT RELEASE | | 70.00 |
| 06/27/2013 | | 98941 MANIPULATION TREATMENT 3-4 REGIONS | 80.00 |
| 06/27/2013 | 97140 MANUAL TRACTION, TRIGGER PT RELEASE | | 70.00 |

0.00 2125.00 **BALANCE**

PLEASE MAKE PAYMENT IN FULL UPON RECEIPT.

BILLING QUESTIONS PLEASE CALL 248-889-4580

| 0-30 DAYS | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | 120+ DAYS |
|-----------|------------|------------|-------------|-----------|
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ACCT: 21-1910 CARRIE

MAKE CHECKS PAYABLE TO: ELITE CHIROPRACTIC PC

13927 PLUMBROOK ROAD

13-53846-tjt Doc 11606RLiftGenticO/D6/146312EINTERred 10/06/16 14:21:37 Page 98A0fE140

AMERICAN ANESTHESIA ASSOCIATES, LLC 5623 E. DUNBAR ROAD MONRIOE,MI 48161-9127 734-241-3891

TO: ROULA /MICHAEL MORSE, ATTORNEY

FAX: 855-776-8518

FROM:

AMERICAN ANESTHESIA ASSOCIATES,LLC

REFERENCE:

(PATIENT) CARRIE MCDONALD

DOB: 1968

BALANCE: \$1,078.00

Please see enclosed outstanding bill for the above patient.

Please include this bill during settlement.

Thank you.

American Anesthesia Associates,LLC (734) 241-3891

| 1500) | MICHAEL MORSE ** |
|--|--|
| HEALTH INSURANCE CLAIM FORM | 24901 N WESTERN HYW |
| PPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 00/05 | STE 700 |
| PICA | SOUTHFIELD MI 48075 |
| 1. MEDICARE CHAMPVA GROUP CHAMPUS HEALTH PLAN | ¬ II K LUNG (—— 1/0) |
| (Medicare #) (Medicaid #) [Sponsor's SSN] (Member IDI) (SSN or ID) 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH OF | |
| MM QQ YY | 68 MCDONALD CARRIE |
| ACDONALD CARRIE 19 5. PATIENT'S ADDRESS (No., Sizee) B. PATIENT RELATIONS | |
| Sail X Spouse | Child Other Other |
| CITY STATE 0. PATIENT STATUS | CITY |
| MI Single Mar | rried Other MI |
| ZIP CODE TELEPHONE (Includo Area Codo) | ZIP CODE TELEPHONE (Inclusio Area Code) |
| Employed full-T | Think Per-Time Student |
| OTHER INSUREO'S NAME (Last Name, Heat Name, Middle Initia) 10. IS PATIENT'S CONU. | DITION RELATED TO: 11. INSUREDS POCKET GROUP ON FECK NOMINGEN |
| MCDONALD CARRIE 6. OTHER INSURED'S POLICY OR GROUP NUMBER 8. EMPLOYMENT? (CUI | NONE a. INSURED'S DATE OF BIRTH SEX |
| | X NO 1968 M F X |
| D. OTHER INSURED SPATE OF DIRTH SEX D. AUTO ACCIDENTY | TELEPTIONE (Include Area Code) Include |
| 1968 M F Yes | [x] NO [] |
| C. EMPLOYERS NAME OR SCHOOL NAME C. OTHER ACCIDENTS | c. INSURANCE PLAN NAME OR PROGRAM NAME. |
| YES | X NO MICHAEL MORSE ** |
| IL INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR L | t eth è m |
| CITY OF DETROIT W/C ** | YES NO II yes, relian to and complete flam 9 a.d. 13. INSURED S ON AUTHORIZED PERSONS SIGNATURE Tauthorize |
| HEAD BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM 12. PAINTING ON AUTHORIZED PERSON'S SIGNATURE I authorize the release of any modical or a to process this claim. I also request payment of government fronties either to myself or to the party below. | wher information necessary physical of inequal benefits to the undestigned physician or supplier for supplier |
| • | 3 13 13 SKINED SIGNATURE ON FILE |
| 14. DATE OF CURRENT: ILLNESS (First symptom) OR 15. IP FATIENT HAS HAD SA MM, DU, YY INJUNY (Sociolety) OR GIVE FIRST DATE MM OR 1, 2, 1, 3, 7, 1, 1, 2, 1, 3, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | י עם אין אין עם אואן אין אואן אין אין אין אין אין אין אין אין אין א |
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| is. Anality to the book to be | YES X NO |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate home 1,2,3 or 4 to hom 24E by Line | |
| 3 | ↓ CODE Signature (A.F., N.D.) |
| | 83. PRIOR AUTHORIZATION NUMBER |
| 24. A. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVICES, OF From To Black of (Exclain Unusual Circumstance) | TI SUPPLIES E. F. G. H. I. J. OBJ. DIAGNOSIS DAYS (0507 ID. RENDERING |
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| 1500) | MICHAEL MORSE ** LAWYER 24901 N WESTERN HYW |
|--|---|
| IEALTH INSURANCE CLAIM FORM | LAWYER 24901 N WESTERN HYW |
| PPROVEO BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 | STE 700 |
| PICA | SOUTHFIELD MI 48075 |
| MEDIOARE MEDICAID TRICARE CHAMPVA GROUP FECA | OTHER 1s. INSURED'S LD. NUMBER (For Program in hem 1) |
| (Medicaro #) (Medicaid #) (Sponsor's SSN) (Member 104) (SSN or 10) (SSN) | 2697 |
| PATIENT'S NAME (Last Nome, First Name, Middle Initial) 3. PATIENT'S BINTH DATE | SEX 4, INSURCO'S NAME (Last Name, First Name, Middle Initiat) |
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| i. PATIENT'S ADDRESS (No., Skeel) 6. PATIENT RELATIONSHIP TO INS | |
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| STATE 8. PATIENT STATUS | CITY |
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| TELEPHONE (Include Area Code) Full Time | art-Timo () |
| Studens Studens S | TED TO: 11, INSURED'S POLICY GROUP OR FACA NUMBER |
|). OTHER INSUREO'S NAME (Les Nome, First Name, Middle Initial) 10. IS PATIENT'S CONDITION REL | ALER TO: 17. INSUREDS POLICY CHOCK ON PERMITTEN |
| ICDONALD CARRIE | NONE a. INSURED'S DATE OF BIRTH SEX |
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| 1968 M F CAMPLOYERS NAME OR SCHOOL NAME o. OTHER ACCIDENT? | C. INSURANCE PLAN NAME OR PROGRAM NAME |
| YES YM | MICHAEL MORSE ** |
| I INSUITANCE PLAN NAME OR PROGRAM NAME 10XI, RESERVED FOR LOCAL USG | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? |
| | YES NO If yes, rotuin to and complete item 9 a-d. |
| READ HACK OF FORM DEFORE COMPLETING & SIGNING THIS FORM. | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any modical or other informatio process (his claim. I also request payment of government benefits either to myself or to the party who accept | ion necessary payment of medical benefits to the understance physician or supplier for services described below. |
| below. | |
| SIGNED SIGNATURE ON FILE DATE 02 13 | 13 SIGNEDSIGNATURE ON FILE |
| STATE DESCRIPTION OF THE STATE | ILAR ILLNESS, 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION |
| 14. DATE OF CURRENT: MM DD YY O2 12 13 (ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 15. IF PATIENT HAS HAD SAME OR SINGLE OF SINGLE O | FROM TO MAY OD YY |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 178. | TO. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES |
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| 19. RESERVED FOR LOCAL USE | 20, OUTSIDE LAB? S CHARGES |
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| AS ACCOUNT AND IN MINISTER CONTRACT ACCOUNT NO - ON ACCOUNT | SSTORMENT? 28, TOTAL CHARGE 29. AMOUNT PAID 30, BALANCE DUI: |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. S 27. ACCEPT A | Trial right (horis) |
| 6928 X 1270 X YES 31, SIGNATURE OF PHYSICIAN OR SUPPLIER 32, SERVICE PROJUTY LOCATION INFORMATION | NO \$ 539:00 \$ 100 539! 00 |
| INCLUDING DEGREES OR CREDENTIALS | (/34 241-3891 |
| (I confly that the statements on the revelse apply to this bill out are made a pan thereof.) | |
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| | 48336-5MONROE MI 48161-9127 |
| SIGNED 2 F20/6 #1016140E 11662891822565/06/16 F20 | |



RICK SNYDER

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JAMES K. HAVEMAN

May 7, 2013

Helen Manesia 25657 Southfield Road Southfield, MI 48075

D/I: May 23, 2012 Re: CARRIE MCDONALD

Medicaid ID#: 7094 Amount: \$126.94

Dear Ms. Manesia:

We have been informed that you have been retained for the purpose of seeking recovery for personal injury arising out of the incident referenced above. Please be advised that the Michigan Department of Community Health (MDCH) has a subrogation interest regarding Medicaid payments relative to the above-referenced incident. If the beneficiary has been enrolled in a Medicaid Managed Care Plan, the plan is identified below and should be contacted directly regarding its interest. Please note that Medicaid and Medicaid Managed Care Plans are separate entities; their subrogation interests must be resolved separately.

Section 106 of the Social Welfare Act, MCL 400.106, provides that MDCH is subrogated to any right of recovery that the beneficiary may have for the cost of medical care. In their application for assistance, the beneficiary executed an assignment of benefits to MDCH for recoveries related to medical expenditures made by the Medicaid program. Additionally, the beneficiary must advise MDCH of the commencement of any action or proceeding for the recovery of medical expenditures. MDCH is authorized to intervene or join in any proceeding to recover such expenditures. Further, except for Medicare, MDCH has first priority against any proceeds for the net recovery from any settlement. See MCL 400.106 (3)-(5).

We look forward to working cooperatively with your office to determine the appropriate action to take in this matter. We would appreciate receiving any information you have regarding any third parties who may be liable for our medical expenditures, especially any administrative or court actions that you intend to commence, and copies of any associated pleadings.

Upon receipt of your client's executed assignment and medical authorization (copies enclosed), we will furnish you with an itemized listing of Medicaid payments. Please contact our office for an updated lien amount prior to resolution of this case.

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,

Jilair Walker

Third Party Liability Division Telephone: (517) 335-8760

laina Walker

Health Plans;

Molina Healthcare of MI 100 W. Big Beaver Rd. Suite 600 Troy, MI 48084

> CAPITOL COMMONS CENTER • PO BOX 30479 • LANSING, MICHIGAN 48909 www.michigan.gov/tpl • P 517-335-8760 • F 517-346-9876

MSA-004COL

Michigan Department of Community Health Medicald Report of Medical Services Paid

PRINT DATE: 05/07/2013

RECIPIENT ID

7094

BIRTH DATE 1968

ACCIDENT DATE/NO

05/23/20

RECIPIENT NAME CARRIE MCDONALD 1467755876

DMC PHARMACY DETROIT RECEIVING HOSPITAL

Pharmacy (N/A)

TCN: P61214410157711000

001

05/23/2012

IBUPROFEN 600 MG TABLET

55111068305

Provider Total Amount Paid

\$ 3.13

1619289998

DETROIT RECEIVING HOSPITA

Outpatient OPPS

TCN: 311223010216956000

001

05/23/2012 9248

MULTIPLE CONTUSIONS NEC

7242

LUMBAGQ

3051

TOBACCO USE DISORDER

99283

HC

EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND

Provider Total Amount Paid

\$ 75.24

1801843339

LAFAYETTE DRUGS

Pharmacy (N/A)

TCN: P61215810166141000

001

06/06/2012

CYCLOBENZAPRINE 10 MG TABLET

00591565810

TCN: P61223410122083000

001

08/21/2012

TOPIRAMATE 25 MG TABLET

31722027860

Provider Total Amount Paid

\$ 6.63

Page 1

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Michigan Department of Community Health Medicaid Report of Medical Services Paid

PRINT DATE: 05/07/2013

RECIPIENT ID

7094

BIRTH DATE

ACCIDENT DATE/NO

RECIPIENT NAME CARRIE MCDONALD

/1968

05/23/20

1902855711

MEDICAL CENTER EMERGENCY SVCS

Professional

TCN:

311229310089824000

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05/23/2012 71941

JOINT PAIN-SHLDER

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LUMBAGO

9248

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99283

HC

EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND

Provider Total Amount Paid

\$ 41.94

Total Amount Billed \$ 1,418.17 **Total Medicaid Amount this Report** \$ 126.94 Previous Medicaid Amount Reported Total Medicaid Amount Reported \$ 0.00 \$ 126.94 **Amount Recovered to Date** \$ 0.00 **Net Amount Owed** \$ 126.94

Strictly Healing Transportation, Inc.

"Providing an Atmosphere for Total Healing"

23332 Farmington Rd. #716 Chaiffeur Academy, Inc.

Farmington, MI 48332

Office: (248) 476-4317

Mike Morse Office

C/O Helen Manacia

Phone: (248) 350-9050 Fax: (856) 410-7855

Tax ID#:

Bill To:

Fax: (248) 477-5999

Compassionate Case Transportation, LLC

Executive Ground Transportation, Inc.

Love Joy Transpertation, LLC

INVOICE

CPT Code: 98071

Date

9/14/2013

Invoice #

01040413MC MC0150

Customer ID

Claim Number:

Client's Name Carrie, McDonald

Run Type Rehab/Doctors Appointment

No. of Passengers: 1

Pick-up Time:

3:00 PM 4:30 PM

Drop-Off Time:

Driver

☐ Billed/Account Payment / Charges:

□ Visa

□ MC

☐ Discover ☐ Amex

Exp Date Card#

Attorney: Helen Manacia

Check# ____ Amount Cash

| Description | Charges | Hrs/Miles | Trips/Units | Amount |
|---|---------|-----------|-------------|------------------|
| Base Trip Rate | \$45.00 | | 4 | \$180 .00 |
| Load Rate | \$5.00 | | 4 | \$20.00 |
| Cost per Mile (12 Miles & Over/Otherwise under=Base Rate) | \$3.75 | | 0 | |
| Total Miles | 0 | | | <u> </u> |
| Wait Time (\$6.25 Per 1/4 Hour) | \$25.00 | 1 | | \$25,00 |
| Over Mileage | \$0.00 | 0 | | 0.00 |
| Total Due | | | i | \$225.00 |
| Special Services/Remarks | 1 | J — | Subtotal | \$225.00 |
| ***Wait with Client & Return / Round Trip Service | e*** | _ | Taxable | \$ - |
| 1st Stop: 7700 2nd Ave. Detroit, MI 40202 (Elite Health Center) | | | Tax Rate | 0.000% |
| 2nd Stop: | | | Tax | \$ - |
| 3rd Stop: | | | Other | \$ |
| Dates of Service: April 4, & 18, 2013 | | | TOTAL Due | \$225.00 |
| | | | | DISA WER |

Pick-Up At:

Residence

Drop Off At Residence

Make all checks payable to: Strictly Healing Transportation, Inc. Thank You For Your Business!

| Date of Service | Claim/Job Number | Client's Name | Pick-Up Tine | Drop Off Time | Toral Wait Time Hours | Total Wait Time Cost | Load Rate | Per Trip Rate | Total Trip Mileage | Tetal Trip Billed Amount | Client's Signature |
|---|----------------------|---|-----------------|------------------|--------------------------|-------------------------------|----------------|---------------------|-----------------------|--------------------------------|--------------------|
| 4/4 | | MCNORALD, CAERIE | 300 | 330 3°P | 1/2 | \$12.50 | \$5.00 | \$ 45.00 | 5.3 | \$62.50 | Lavia McDona |
| 4/4 | | MEDONALD, CARRIE | 400 | 430 | | | \$5.00 | #450 | 53 | \$50.00 | Cario MODO |
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| | | | | | | | | | | | TOTAL \$ 112 |
| ***Note*** | Leg of Transport | o leg of transport is the point of pick-uciplent up at the ductor's office and tra | p to the des | ination. Ex | ample: Pic | king recipien | up at resident | e and transporter | g to the | doctor's office wo | uld be |
| considered / documented Driver's Co | ол separate lines. i | eciplent up at the nooter's office and the A signature is required for each log of t | he temspor | | comence i | anca we comp | | man of the eigh. | | es car enodana | |
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| Strictly Healing | Transportation, Inc. |
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DRIVER DAILY TRIP LOG

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| Date of Service | Claim/Job Number | Client's | Name | Pick-Up Time | Drop Off Time | Total Wait Time Hours | Total Walt Time Cost | Load Rate | Fer Trip Rate | Total Trip Mikage | Total Trip Billed Amount | Client's Signature |
|--------------------------|---|--|--|-----------------|------------------|--------------------------|----------------------------------|-------------------------------------|--|----------------------|--|--------------------|
| 4/18 | | MCDONALD | CARLIE | 145 | 200 | 1/2 | \$ 12.50 | \$5.00 | \$ 45.00 | 5.3 | \$62.50 | Courie Miles |
| 4/18 | | MCDONALD MCDONALD | , CARME | 2:30 | 2:50 | | | \$5.00 | \$4500 | 5.3 | \$50.00) | Carrie Milor |
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| | | | | | | | | | | - | • | TOTAL \$ 112. |
| onsidered A ocumented | leg; picking the re on separate lines. | -a leg of transport is the ecipient up at the doctor A signature is required | r's effice and tra Lfor such leg of t | изволите и | DECK 100 LIVE D | ample: Pin esidence w | king recipien rould be consid | t up at resident dered the secon | se and transporti ad leg of the trip. | ng to the t | doctor's office was of the transport m | ild be |

13-53846-tjt Doc 11606 Filed 10/06/16 Entered 10/06/16 14:21:37 Page 102 of 140

Spine Specialists of Michigan, PC

32270 Telegraph Rd, Ste 110 * Bingham Farms, MI 48025 * (248)792-9496 (office) *(248)792-9628 (fax)
Louis N. Radden, DO —Board Certified — Reconstructive Spine Surgeon

FAX

TO:

FROM:

SUBJECT:

DATE:

BRETT

Company of the second of the s

DR. RADDEN

(To) CARRIE Mª DONALD #-16,105,-



THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL AND/OR PRIVILEGED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY CALLING THE SENDER AND CONFIRM DESTRUCTION OF THE INFORMATION. THANK YOU.

[1500]

HEALTH INSURANCE CLAIM FORM

CITY OF DETROIT/ LAW DEPARTMENT 660 WOODWARD AVENUE, STE.1806

| ICADIOS HOSED BA MATIONAC DIALECEM COMMITTER 03/02 | • | | PICA TT |
|--|--|--|--|
| MEDICARE MEDICAID TRICARE CHAMPVA | GROUP FECA OTHER | 18. INSUAED'S J.O. NUMBER | (For Program in Item 1) |
| MEDICARE MEDICAID TRICARE CHAMPVA (Medicare #) (Medicald #) (Sponsor's SSN) (Member ID | — HEALTH PLAN — BÜK LUNG — | 2697 | |
| ATIENT'S NAME (Leat Name, First Name, Middle Initial) | 3. PATIENT'S BIRTH DATE SEX | 4. INSUREUS NAME (Casi Name, First Na | ame, (Middle Initial) |
| COONALD CARRIE J | 1968 F | SAME | |
| ATIENT'S AODRESS (No., Sireel) | 6. PATIENT HELATIONSHIP TO INSURED | 7, INSURED'S ADDRESS (No., Street) | |
| | Self Spouss Child Other | SAME | |
| STATE | B. PATIENT STATUS | CITY | STATE |
| м | Single Married Other | | |
| CODE TELEPHONE (Include Area Code) | Full-Time Parl-Time | ZIP CODE YELEP | HONE (Include Area Code) |
| | Employed Student Student | | <u> </u> |
| THER INSUREO'S NAME (Last Name, First Name, Middle Initial) | 10. IS PATIENT'S CONDITION RELATED TO; | 11. INSURED'S POLICY GROUP OR FEC | A NUMBER |
| | | | |
| THER INSURED'S POLICY OR GROUP NUMBER | 8. EMPLOYMENT? (Current or Previous) | e INSURED'S DATE OF BIRTH | SEX M☐ F☐v |
| THER INSUREO'S DATE OF BIRTH SEX | b. AUTO ACCIDENT? | 1968 | |
| M , DD , YY , ~ | Dyro Dio | b, employer's name or school na | WE |
| M F | c, OTHER ACCIDENT? | c. INSURANCE PLAN NAME OR PROGR | AH NAME |
| APLOYER'S NAME OR SCHOOL NAME | TYES TAO | or magnification to the control of | |
| SURANCE PLAN NAME OF PROGRAM NAME | 10d, RESERVED FOR LOCAL USE | d, IS THERE ANOTHER HEALTH BENEF | IT PLAN? |
| mangana per en section de 160 de le restrata los propertes en entre margin (C) (180 de 1911) des | 144111 | | jum to and complete item 9 e.d. |
| READ BACK OF FORM BEFORE COMPLETING | | 13. INSUREO'S OR AUTHORIZED PERS | DN'S SIGNATURE I authorize |
| ATIENT'S OR AUTHORIZEO PERSON'S SIGNATURE Lauthorize the opposes the claim. Labo request payment of government benefits either t | ejease of any medical or other information necessary | payment of medical benefits to the und services described below. | lersigned physician or supplier for |
| elow. | | 1 | |
| IGNED SIGNATURE ON FILE | DATE | SIGNATURI | E ON FILE |
| ATE OF CURRENT: ILLNESS (First symptom) OR 15.0 | F PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY | 16. DATES PATIENT UNABLE TO WORK | (IN CURRENT OCCUPATION MM DD YY |
| PREGNANCY(LMF) | alyerina baje | FROM | 70 |
| NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a | | 16. HOSPITALIZATION DATES RELATED MM DD YY | |
| OUIS N RADDEN DO 176 | NPI 1184675886 | FROM 1 | \$ CHARGES |
| NESERVED FOR LOCAL USE | | 20. QUTSIDE CAB? | ş CMAHISES İ |
| DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Itams 1, 2, | 2 or 4 to floor 24E but (oa) | YES TNO | |
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| <u> 1722 0 </u> | <u> </u> | 23. PRIOR AUTHORIZATION NUMBER | |
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| A. DATE(8) OF SERVICE B. C. D. PROCE | DURES, SERVICES, OR SUPPLIES E. | F. G. H. | I, J. |
| From To PLACEOF (Explain DD YY MM DD YY SERVICE EMG CPT/HCP | in Unusual Circumstances) DIAGNOSIS CS MODIFIER POINTER | PI OR IFAMAVI | ID, RENDERING DUAL PROVIDER ID. # |
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| EDERAL TAX I.D. NUMBER SSN EIN 28. PATIENTS | ACCOUNT NO. 27. ACCEPT ASSIGNMENT? | 28. TOTAL CHARGE 29. AMOU | NT PAID 30, BALANCE DUE |
| 0797 | ON TAKES NO | 5 50d.00 \$ | <u>d</u> ob 500. |
| | CILITY LOCATION INFORMATION | 39. BILLING PROVIDER INFO & PH # | 2489218096 |
| (I certify that the statements on the reverse apply to this bill and are mode a pant thereot.) SPINE | SPECIALISTS OF MICH | | STS OF MICHIG |
| 32270 | _ | | MILE SUITE A4 |
| OUIS N RADDEN DO BINGH | AM FARMS MI 48025 | FARMINGTON HIL | <u>.LS MI 48336-5</u> |
| NED 01/30/2014 PATE | 675886 | 1 <u>* 189182256</u> 5 | |

[1500]

HEALTH INSURANCE CLAIM FORM

CITY OF DETROIT/ LAW DEPARTME 660 WOODWARD AVENUE, STE.180@ DETROIT MI 48226

| PPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/05 | • | | | |
|--|--|---|--------------------------------------|------------------------------------|
| PICA | con among | 1a. INSURED'S I.D. NUMBEA | | (For Program in Ilem 1) |
| I. MEDICARE MEDICAID TRICARE CHAMPVA GROUF (Medicare #) (Medicaid #) (Sponsor's SSN) (Member 10#) (SSN or | PLAN FECA OTHER! | 269° | | (COT Program of Helin 1) |
| PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S MM DI | <u> </u> | 4. INSURED'S NAME (Last Name | | iddle Initial) |
| MCDONALD CARRIE J 01 3 | | SAME | | |
| | | 7. INSUAED'S ADDRESS (No., S | (teet) | , |
| Sall | ouse Child Other | SAME | | |
| CITY STATE 8. PATIENT ST | ~ ~ ~ ~ ~ ~ ~ ~ ~ | CITY | | STATE |
| TELEPHONE (Include Area Code) | Married Other K | ZIP CODE | TELEPHONE | (Include Area Code) |
| ZIP CODE TELEPHONE (Include Area Code) Employed | T Full-Time T Part-Time | EN GODE | (|) |
| | Student Studen | 11. INSURED'S POLICY GROUP | OF FECA NUM | IBER |
| | | | | |
| S. EMPLOYME | NY? (Corrent or Previous) | a, INSURED'S DATE OF BIATH | | (Include Area Code)) (BER SEX F X |
| |]YES | | 68 ML | FX |
| 6. AUTO ACCI | T PLACE (SIMILA) | b. EMPLOYER'S NAME OR SCH | OOL NAME | |
| ME F SAME OF SCHOOL NAME | TAKES TINO I TIME | C, INSURANCE PLAN NAME OR | DDOCDAN NA | iiE |
| o, EMPLOYER'S NAME OR SCHOOL NAME | TYES TINO | C' HADDINIAGE LEJALANNE ALL | 110000000000 | |
| S. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVE | ┙┆╴ <u>┈</u> ┡ <mark>ᠰ</mark> | d, IS THERE ANOTHER HEALTH | I BENEFIT-PLA | N? |
| | | YES THIO | il yes, return to | and complete item 9 a-d. |
| READ BACK OF FORM BEFORE COMPLETING & SIGNING THE PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any m | IS FORM. | 13. INSURED'S OR AUTHORIZE payment of medical benefits t | | |
| to process this claim. I also request payment of government benefits either to myself or to th | a bardy who accests assignment | services described below. | ก และ ดนองเลเลเล | so physician of appears no |
| SIGNATURE ON FILE DATE | | signA' | O BRITT | N FILE |
| OTOTICE | | SKINED | | |
| 14. DATE OF CURRENT: (LLNESS (First symptom) OR 15. IF PATIENT HAY MM DD YY N.JURY (Accident) OR GIVE FIRST CA PRESNANCY(LIMP) | BHAD SAME OF SIMILAFI ILLNESS. | IB. DATES PATIENT UNABLE T MM DD FROM | TO | <u> </u> |
| 17, NAME OF REFERRING PROVIDER OR OTHER SOURCE 174. | 1 4 | 18. HOSPITALIZATION DATES I | SELATED TO C | URRENT SERVICES |
| LOUIS N RADDEN DO 176 NPI 11 | 84675886 | FROM | то_ | |
| 19. RÉSERVED FOR LOCAL USE | | 20, OUTSIDE LAB? | \$ CH | ARGES |
| | · · · · · · · · · · · · · · · · · · · | YES XNO | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate from: 1, 2, 3 or 4 to flem 2 | IE by Line) | 22. MEDICAID REGUBMISSION CODE | ORIGINAL RE | F. NO. |
| 1. <u>722.0</u> 3. <u></u> | | 23. PRIOR AUTHORIZATION N | JMBER | |
| 2.1 722.10_ | | | | |
| 24, A. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVI | CES, OR SUPPLIES E. | F. G. | H. I. | J. RENDERING |
| From To PLACE OF (Explain Unusual Circ MM DD YY MM OD YY SERVICE EMG CPT/HCPCS | msiances) DIAGNOSIS MODIFIER POINTER | F. G. DAYS OR S CHARGES WHITE | H. I. EPSOT, ID. Famble OLFAL. | PROVIDER ID. # |
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| | ; | | NP) | |
| 25. FEDERAL TAX I.O. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? | 2B, TOTAL CHARGE 2 | 9. AMOUNT FA | D 30. BALANCE DUE |
| 0797 □□ 401690 | THES NO | \$ 350.00 | s (| d. 00 350, 0 |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FACILITY LOCAT | ION INFORMATION | 33. BILLING PROVIDER INFO | | 489218096 |
| INCLUDING DEGREES OR CREDENTIALS (I contily that the statements on the reverse SPINE SPECI | ALISTS OF MICH | | [ALIST: | S OF MICHIGA |
| apply to this bill and are made a part thereof.) 32270 TELEC | RAPH RD SUITE1 | 1 28426 WEST | | |
| LOUIS N RADDEN DO BINGHAM FAR | MS_MI_48025 | FARMINGTON | HILLS | <u>MY 48336-59</u> |
| SIGNED 1015/30W/2014 00050 11506 18# 1675880 | 96/16 Entered 1 | 0,06849 82256 | 97. Pa | 95.1960 (08-05 |

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HEALTH INSURANCE CLAIM FORM

CITY OF DETROIT/ LAW DEPARTMENT 660 WOODWARD AVENUE, STE.180

| EALTH INSURANCE CLAIM FORM | DETROIT MI 48226 |
|--|---|
| PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 | PIDA I |
| PICA MEDICARE MEDICARD TRICARE CHAMPVA GROUP EECA | OTHER 1a. INSURED'S I.O. NUMBER (For Program in Item 1) |
| MEDIDARE MEDIDARE CHANGE CHANGE CHANGE | 2697 |
| PATIENT'S NAME (Lasi Name, First Name, Middle Inhilat) 2. PATIENT'S BIRTH DATE SEX MM . OD | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) |
| MCDONALD CARRIE J | X SAME |
| PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED | 7. INSURED'S ADDRESS (No., Street) |
| Self -Spouse Child Olher | L SAME |
| STATE B. PATIENT STATUS | CITY |
| P CODE TELEPHONE (Include Area Code) Married M | ZIP CODE TELEPHONE (Include Area Code) |
| Full-Time Fart-Time | 1 |
| Employed Sudent Student DIHER INSURED'S NAME (Lastrogine, Frist visine, minure titus) 10.18 PATIENT'S CONDITION RELATED TO | O: 11, INSUREO'S POLICY GROUP OR FECA NUMBER |
| DI DEN MOOVED 3 MUNE (1991 (family, 1991) Manager Manager | |
| OTHER INSUREO'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) | a, INSURED'S DATE OF BIRTH SEX |
| YES □_NO | 1968 M□ f□x |
| OTHER INSURED'S DATE OF BIATH SEX b. AUTO ACCIDENT? PLACE | (Slate) b. EMPLOYER'S NAME OR SCHOOL NAME |
| M F NO LA | |
| EMPLOYERS NAME OR SCHOOL NAME C. OTHER ACCIDENT? | c. INSURANCE PLAN NAME OR PROGRAM NAME |
| INSURANCE PLAN NAME OF PROGRAM NAME 10d, RESERVED FOR LOCAL USE | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? |
| INSURANCE PLAN NAME OR PROGRAM NAME 108, RESERVED FOR LOCAL USE | YES AtO If yes, return to and complete item 8 a-d. |
| READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. | 13. (NSURED'S OR AUTHORIZED PERSON'S SIGNATURE Lauthorize |
| PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information nece to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. | payment of modical benefits to the undersigned physician or supplier for services described below. |
| below. | |
| SIGNATURE ON FILE DATE | SIGNATURE ON FILE |
| DATE OF CURRENT: A ILLNESS (First symptom) OR IS. IF PATIENT HAS HAD SAME OR SIMILAR IL MM DD YY INJURY (Academ) OR GIVE FIRST DATE MM DD YY | LINESS. 18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM CD YY DD 1 YY |
| PREGNANCY(LMP) | FROM TO 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES OF THE PROPERTY |
| NAME OF REFERRING PROVIDER OR OTHER SOURCE 174. | FADM TO TY |
| LOTIIS N RADDEN DO 176, NPI 1184675886 | 20, OUTSIDE LAR? S CHARGES |
| HESEHAER LOUK DOS | TYES TANO! |
| DIAGNOSIS OF NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) | 22. MEDICAD RESUBMISSION ORIGINAL REF. NO. |
| 1722_0 | CODE ONIGINAL REPLACE |
| 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 23. PRIOR AUTHORIZATION NUMBER |
| 722.10 | |
| I. A. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVICES, OR SUPPLIES From To PLACECE (Explain Unuous) Circumstances) OIA | E. F. G. H. I. DAYS PERUT IO. RENDERING OR PRINTY IO. RENDERING |
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| 5. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGN (Fix part adms, see | NPI |
| 5. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGN FOR PATIENT'S ACCOUNT NO. 27. A | NPI |
| 5. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGN. O 7 9 7 | NPI |
| 5. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGN FOR PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on line reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION SPINE SPECIALISTS OF P. 32.270 TELEGRAPH RD SUITABLE MT. 4802 | NPI NPI NPI NPI NPI NPI NPI NPI |

(1500)

HEALTH INSURANCE CLAIM FORM

CITY OF DETROIT/ LAW DEPARTMS
660 WOODWARD AVENUE, STE.180

DETROIT MT 48226

| PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 | | DETROIT HT 4055 | V |
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| THOYED BY TAXTONAL DAIL ON CEXIN COMMITTEE CARE | | | PICA [T] |
| MEDICARE MEDICAID TRICARE CHAMPY | A GROUP FECA OTHER | 19. INSURED'S I.O. NUMBER | (For Program in Item 1) |
| (Medicare #) (Medicaid #) (Sponsor's SSN) (Member) | ——, HEALTH PLAN ——, BLK LUNG ——, | 2697 | |
| PATIENT'S NAME (Last Name, First Name, Middle Inillal) | 3. PATIENT'S BIRTH DATE SEX | 4. INSUREO'S NAME (Lasi Name, First Name | o, Middle Initial) |
| | 1968 | SAME | |
| MCDONALD CARRIE I PATIENTS ADDRESS (No., Street) | 6, LESS TIONSHIP TO INSURED | 7. INSURED'S ADDRESS (No., Street) | |
| | Self Spause Child Other | SAME | |
| STATE | e. PATIENT STATUS | CITY | STATE |
| | | | 1 |
| P CODE TELEPHONE (Include Area Code) | | ZIP CODE TELEPHO | NE (Include Area Code) |
| , done | Full-Time Part-Time | 1 | j |
| OTHER DESIGNATION AND ADDRESS OF THE PROPERTY | Employed Student Student 10. IS PATIENT'S CONDITION RELATED TO: | 11, INBUREO'S POLICY GROUP OR FECA! | NUMBER |
| OTHER INSURED'S NAME (Last Name, First Name, Middle Imital) | M. IS PARIENT & CONDITION RELATED TO: | THE MEDITED OF SELECT STREET | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| OTHER INSURED'S POLICY OR GROUP NUMBER | a. EMPLOYMENT? (Current or Previous) | a, INSURED'S DATE OF BIRTH | SEX |
| OTHER INSURED S FOLICT OF GROOF NUMBER | | MM DD TYY | M F□x |
| OTHER INSURED'S DATE OF BIRTH SEY | D. AUTO ACCIDENT? | 1900 | |
| MM DD YY | FLACE (SIRIE) | B. EMPLETTER SCHOOL NAME | - |
| M F | | . Menashas are server as anosas | I NIALUC |
| EMPLOYER'S NAME OR SCHOOL NAME | c. OTHER ACCIDENT? | c. INSURANCE PLAN NAME OR PROGRAM | I MUME |
| | YES NO | | |
| INSURANCÉ PLAN NAME OR PROGRAM NAME | 10d, RESERVED FOR LOCAL USE | 8. IS THERE ANOTHER HEALTH BENEFITA | |
| | | <u> </u> | n to and complete item 9 and. |
| READ BACK OF FORM BEFORE COMPLETIN PATIENTS OR AUTHORIZED PERSON'S SIGNATURE Lauranitze the | a & SIGNING THIS FORM. release of any medical or other information necessary | 13. INSURED'S OR AUTHORIZED PERSON 13. INSURED S'OR AUTHORIZED PERSON 14. INSURED S'OR AUTHORIZED PERSON 15. INSURED S'OR | rş şigNA LUHE i guthorize signed physicien or supplier for |
| to process this claim. I also request payment of government benefits either | to myself or to the party who accepts assignment | services described below. | |
| below. | | SIGNATURE | ON RILE |
| SIGNATURE ON FILE | DATE | SIGNEO | |
| DATE OF CUARENT: ILUNESS (First symptom) OR 15. | IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM , OD , YY | 16. DATES PATIENT UNABLE TO WORK IN MM DD YY | CURRENT OCCUPATION MIN DD YY . |
| PREGNANCY(LMP) | | 1 FROM I I 1 | ro ı ı |
| 7. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17 | i, | 18, HOSP/TALIZATION DATES RELATED TO | |
| | NPI 1184675886 | <u> </u> | 10 |
| A. RESERVED FOR LOCAL USE | | | CHARGES |
| | | YES XNO | |
| I. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate heres 1, 2 | 3 or 4 to Rem 24E by Line) | 22, MEDICAID RESUBMISSION CODE ORIGINAL | . AEF. NO. |
| . <u>722.10</u> | · I | | ~ |
| | | 23, PRIOR AUTHORIZATION NUMBER | |
| ı. <u> </u> | · <u> </u> | | |
| | EDURES, SERVICES, OR SUPPLIES E. Bin Unusual Circumstances) DIAGNOSIS | F. G. H. I. DAYS EPSOT ID. OF FAVRY ID. S CHARGES UNITS PAIN QUA | J. RENDERING |
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| OF PHYSICIAN OR SUPPLIER 32. SERVICE F | ACILITY LOCATION INFORMATION | 33. BILLING PROVIDER INFO & PH # | 2489218096 |
| NCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse CDTM) | Z ODDCTALIONS OF MICH | T SPINE SPECIALIS | |
| apply to this bill and are made a part thereof.) | E SPECIALISTS OF MICH | - F | LE SUITE A4 |
| 32270 | | FARMINGTON HILL | |
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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| CITY | OF | DETRO |)II/ | LAW | DEPA | RTME |
|------|------|-------|------|------|------|------|
| 660 | WOOL | WARD | AVE | NUE, | STE. | 1806 |

DETROIT MI 48226

| APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 | | | FICA |
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| PICA | ANDVA CHOUR FECA OTHER | 1a. INSURED'S LO. NUMBER (For Pro | gram (n. Ham 1) |
| 1. MEDICARE REDIOARD CHAMPUS | TAMPYA GROUP PLAN - BLX LUNG - TO | A32950002697 | |
| (Medicare #) | EMIDERICAL LIST LIST LIST LIST LIST LIST LIST LIS | 4. INSURED'S NAME (Last Name, First Name, Middle Initi | al) |
| 2. PATIENT'S NAME (Lest Name, First Name, Middle Initial) | MM 1 DD 1 YY | 1 | 11 |
| MCDONALD CARRIE J | 6, PATIENT RELATIONSHIP TO INSURED | SAMF. 7. INSUREO'S ACCIDESS (No., Street) | |
| 5. PATIENT'S ADDRESS (No., Skeet) | | | |
| | Self Spouse Child Other | SAME | STATE |
| CITY | STATE 8. PATIENT STATUS | CITY | Į |
| | M Single Married Other | ZIE CODE TELEPHONE (Include | Aver Code |
| ZIP CODE TELEPHONE (Include Area Code | 9) | ZIP CODE TELEPHONE INCOMO | VIOT CODE) 5 |
| | Full-Time Parl-Time Employed Student Student | | 유 |
| The second of the Disease Circl Magne Middle Inite | | 11. INSURED'S POLICY GROUP OR FECA NUMBER | Z |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Inite | ., | <u>.</u> | |
| | a. EMPLOYMENT? (Current or Previous) | I A INSUMED O PAIR OF PILLUP | AND INSURED INFORMATION |
| 4, OTHER INSURED'S FOLICY OR GROUP NUMBER | | 1968 M | f∐x l≌ |
| | | N EVELOVER'S NAME OF SCHOOL NAME | |
| D. OTHER INSURED'S DATE OF BIRTH SEX | | O. Liville Contact and a state of the state | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| M F | | C. INSURANCE PLAN NAME OR PROGRAM NAME | |
| C. EMPLOYER'S NAME OR SCHOOL NAME | a. OTHER ACCIDENT? | C. INOUTHEROE I ESTATISHING CASE ASSESSMENT CONTROL | ATIENT |
| | YES NO | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? | |
| d, INSURANCE PLAN NAME OR PROGRAM NAME | 10d, RESERVED FOR LOCAL USE | · | l . |
| | | YES NO II yes, return to and con | |
| READ BACK OF FORM BEFORE COM | PLETING & SIGNING THIS FORM. | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATU payment of medical benefits to the undereigned physi- | totan or aupplier for |
| READ BACK OF FORM BEFORE COM 12. PATIENT'S OR AUTHORIZED PERSON'S BIGNATURE I awin to process this claim. I also request payment of government bene | | services described below. | · · · · · · · · · · · · · · · · · · · |
| to process this claim. I also request payment or government being below. | MO DITIEL IN HIGHWAY AS IN THE PERSON | | , w r e- |
| SIGNATURE ON FILE | DATE | SIGNATURE ON E | |
| Stoleto | | S. 16. DATES PATIENT UNABLE TO WORK IN CURREN | F OCCUPATION |
| 14. DATE OF GUARENT: ILLNESS (First symptom) OR MM OD 1 YY INJURY (Accident) OR | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS | I FROM !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | i |
| i (PREGNANCY(UMP) | | 18. HOSPITALIZATION DATES RELATED TO CURREI | VT SERVICES |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 178. | FROM HOLD I TO TO | |
| LOUIS N RADDEN DO | | 20. OUTSIDE LAB? \$ CHARGE | 5 |
| 19. RESERVED FOR LOCAL USE | | | |
| | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate) | tems 1, 2, 3 or 4 to Item 24E by Line) | 22, MEDICAID RESUBMISSION ORIGINAL REF. NO. | ·] |
| 1.L.722_10_ | a L | | |
| 1. L. LZZ - LV | · — · | 23. PRIOR AUTHORIZATION NUMBER | ļ |
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| 2. B. C. SAN A DATE(S) OF SERVICE B. C. | D. PAOCEDURES, SERVICES, OR SUPPLIES E. | P. G. H. 1. DAYS EPSOT ID. CR Family CR Family CR Family CR Family CR Family OUAL. | AENOERING |
| From Yo PLACEOF | (Explain Unusual Circumstances) | SIS OR Family ID. R \$ CHARGES UNITE Pan QUAL. | PROVIDER ID. # |
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| | PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT NO. 127. ACCEPT NO. 127 | IT? 28. YOYAL CHARGE 29. AMOUNT PAID | 30, BALANCE DUE |
| 25. FEDERAL IAA I.B. (1988) | ll Jyes 1 ไฟO | ነ [§] 325ዓ <u>ሰ</u> ሴ [§] ዐ _ሩ | <u>ინ 3255-0</u> |
| 0797 | 619130 | | 9218096 |
| INCLUDING DEGREES OF CREDENTIALS | | , ASST TOMO | OF MICHIGA |
| A codify that the Statements on the reverse | SPINE SPECIALISTS OF MI | V41 | SUITE A4 |
| apply to this bill and are made a part thereof.) | 32270 TELEGRAPH RD SUIT | PTE 20450 MP91 - 111 | |
| LOUIS N RADDEN DO | BINGHAM FARMS MI 48025 | FARMINGTON HILLS M | T 40-390-33 |
| SIGNED 3753846-11014000 11606 | 11 Pile 7 18966/16 Entered | 10/06/45 Phd 1822565 | MAHOTER TOD AS |
| Faight TOLD TO TO THE TABLE TO TOLD | PLEASE PRINT OR TYPE | <u> エンノンンからちょうけんでんれるいの36 09904FOR</u> | MARKAN (UU (UU - UC |

[1500] HFALTH INSURANCE CLAIM FORM

CITY OF DETROIT/ LAW DEPARTMENT 660 WOODWARD AVENUE, STE,1800 DETROIT MI 48226

| POVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 | DGTWOII MI 4'0550 |
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| PECA MEDIDARE MEDIDAD YBICARE CHAMPVA GROUP FECA OTHER | |
| MEDIDARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER (Medicare #) (Medicald #) (Sponsor's SN) (Member IDIF) (SN or ID) (SSN) (SS) | 2697 |
| ATIENT'S NAME (Lest Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE SEX | 4. INSURED'S NAME [Last Name, First Name, Middle Initial) |
| CDONALD CARRIE J 1968 K | SAME |
| ATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED | 7. INSURED'S ADDRESS (No., Siren) |
| Self Spause Child Cihor | SAME |
| STATE B. PATIENT STATUS | CITY STATE |
| M Single Married Other | |
| CODE TELEPHONE (include Area Code) | ZIP CODE TELEPHONE (Include Area Code) |
| Employed Student Student | |
| THER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: | 11. INSURED S POLICY GROUP OR FECA NUMBER |
| THER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) | a. INSURED'S DATE OF BIATH SEX |
| Tyes Two | 1968 M F X |
| HER INSURED'S DATE OF BIRTH BEY D. AUTO ACCIDENT? | b, EMPLOYER'S NAME OR SCHOOL NAME |
| PLACE (Slate) PLACE (Slate) | An even even and a training south was transfer to sailer |
| PLOYER'S NAME OR SCHOOL NAME . C. OTHER ACCIDENT? | c. INSURANCE PLAN NAME OR PROGRAM NAME |
| TYES TWO | |
| SURANCE PLAN NAME OF PROGRAM NAME 10d. RESERVED FOR LOCAL USE | d. IS THERE ANOTHER HEALTH BENEFIT: PLAN? |
| | YES YOO # yes, return to and complete term 8 a-d. |
| READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM, ATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary process this claim. I also request payment of government benefits either to myself or 10 the party who accepts assignment. | MSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. |
| IGNED SIGNATURE ON FILE DATE | SIGNATURE ON FILE |
| ATE OF CURRENT: (ILLNESS (First symptom) OR IS. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. M DO YY INJURY (Accident) OR GIVE FIRST DATE MM DO YY PRESNANCY(LMP) | . 18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YV MM DD YV FROM TO TO THE TOTAL TO THE T |
| IAME OF REFERAING PROVIDER OR OTHER SOURCE 178. | 19, HOSPITALIZATION DATES RELATED TO CURRENT SERVICES |
| OUIS N RADDEN DO 170 NPI 1184675886 | FROM (TO) |
| ESERVEO FOR LOCAL USE | 20. OUTSIDE LAB? 5 CHARGES |
| | YES XNO |
| IAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate frems 1, 2, 3 or 4 to frem 245 by Line) | 22. MEDIČAID RESUBMISŠION CODE ORIGINAL REF, NO. |
| 722.10 ¥ | |
| | 23, PRIOR AUTHORIZATION NUMBER |
| A. DATE(S) OF SERVICE P. C. O. PROCEDURES, SERVICES, OR SUPPLIES E. | F. G. H. J. |
| From To PLACE OF (Explain Unusual Circumstances) DIAGNOSIS | S DAYS EPSUT ID. RENDERING |
| OD YY MM OD YY SERWCE) EMG CPT/HCPCS MODIFIER POINTER | S CHARGES UNITS AN QUAL PROVIDER ID. F |
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| EDERAL TAX LD. NUMBER SSN EIN 26, PATIENT'S ACCOUNT NO. 27, ACCEPT ASSIGNMENT? | NPI 30. BALANCE DUE |
| (For govi. ciains, see back) | 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE |
| 0797 LL STATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FACILITY LOCATION INFORMATION | 28. TOTAL CHARGE |
| 0797 YES NO SCHATURE OF PHYSICIAN OR SUPPLIER NOLUDING DEGREES OR OREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION | 28. TOTAL CHARGE |
| 0797 SIGNATURE OF PHYSICIAN OR SUPPLIER NOLUDING DEGREES OR CREDENTIALS Corrily that the stataments on the reverse Corrily that the stataments on the reverse BEAUMONT HOSPITAL | 28. TOTAL CHARGE |
| 0797 INCOMPTUNE OF PHYSICIAN OR SUPPLIER NOLUDING DEGREES OR CREDENTIALS Control that the statements on the reverse PEATIMONT HOSPITAL. | 28. TOTAL CHARGE |

Detroit Magnolia Luxury Tours& Charters 9494 French Rd. Detroit,Mi 48213 (313)915-8576 or (313)447-7298 Fax: (313)571-9479

Date: November 14, 2012

Insurance Agent: Adjuster Name: Insurance Address:

Client: Carrie McDonald Claim Number: 2697

Explanation of Charges

\$45.00 pickup \$45.00 dropoff \$90.00 a day =\$2,520.00

534 miles at a rate of \$4.00 per mile =\$2,136.00

Date of Services: 9/24/2012-11/7/2012 28Trips

Total: \$ 4,656.00

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Detroit Magnolia Luxury Tours& Charters 9494 French Rd. Detroit,Mi 48213 (313)915-8576 or (313)447-7298 Fax: (313)571-9479

Date February 14, 2013

Insurance Agent: Adjuster Name: Insurance Address:

Client: Carrie McDonald Claim Number: 2697

Explanation of Charges

\$45.00 pickup \$45.00 dropoff \$90.00 a day =\$1,620.00

332 miles at a rate of \$4.00 per mile =\$1,328.00

Date of Services: 11/5/2012-12/17/2012 28Trips

Total: \$ 3,056.00

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roundtrip Detroit, Michigan AMOUNT 85.00 DATE 5-13-2013 TO 32270 Telegrah CAB# 448 DRIVER MitchELL Whitchegol Thank you!

FROM

Medical Mileage Form

Client Name: Carrie McDonald

| Dates of Service | Doc/Provider Address | Round Trip Miles |
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| 5-13-13 | | 85.00 spb |
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Dated: 5-13-13

Signature: Mitchool Mysteher

Ambulatory Anesthesia Associates, PC P o Box 674492 DETROIT, MI 48267~4492

For all billing questions, call: 586-838-5033 Office Hours: 8:00 A.M. - 4:00 P.M.

To pay online please visit: https://pay.instamed.com/AAA

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT &

MAKE CHECKS PAYABLE / REMIT TO:

CARRIE J MCDONALD

Ambulatory Anesthesia Associates, PC P O BOX 574492 DETROIT, MI 48257-4492 hlullababblalabblallababblallababblallab

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

| Date | | •, | Desc | cription | ा दल प्रस्कार प्रेक् | उद्याप कृष्यत् संदर्भकात् १ १ | Procedure | Insurance Charges/ Credits | Patient Charges/ Credits |
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| ACCOUNT S | TATUS | CURRENT | 31-60 DAYS | 61-90 DAYS | 91-120 DAYS | OVER 120 DAYS | TOTAL BALANCE | INSURANCE BALANCE | PATIENT BALANCE |
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To pay online please visit: https://pay.instamed.com/AAA

Please Pay This Amount — Minimum Amount Due: \$

\$360.00

Your account is now PAST:DUE. Payment is due immediately. Our records indicate the amount shown is your responsibility. If there is a reason for non-payment, please contact our office today.

Ambulatory Anesthesia Associates, PC Account #: 630123067 For all billing questions: 586-638-5033 Office Hours: 8:00 A.M. - 4:00 P.M. Pay Online at https://pay.instamed.com/AAA

13-53846-tit Doc 11606 Filed 10/0676 TEMENT & 11/06/16-14:21:37

Page 1 of 1 Page 117 of 20038-32 MICHIGAN HEAD & SPINE INSTITUTE PC 2319 MOMENTUM PLACE CHICAGO, IL 60689-5325

16466-6901



RETURN SERVICE REQUESTED

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LAST PMT:

AMOUNT:

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Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

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MICHIGAN HEAD & SPINE INSTITUTE PC 2319 MOMENTUM PLACE CHICAGO, IL 60689-5325

16466-6901*TN50GP3O8000345

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT STATEMENT

| Date of Service | Patient | Date Ins Billed | Code | DΓ | Description | Diag. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Insurance Receipts | [1] (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Adjust. | Balance |
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Doctor Codes:

Robert Johnson, MD

Message

FOR PHYSICAL THERAPY BILLING CONCERNS CALL (248)351-6300

Make Checks Payable To:

MICHIGAN HEAD & SPINE INSTITUTE PC 2319 MOMENTUM PLACE CHICAGO, IL 60689-5325

Billing Questions (248)869-3981

13-53846-tjt Doc 11606 Filed 10/06/16 Entered 10/06/16 14:21:37 Page 118 of Indian India

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MAKE CHECKS PAYABLE TO:

R & R TRANSPORTATION 363 WEST BIG BEAVER RD STE TROY MI 48084-5242 248-889-4580

R & R TRANSPORTATION

CITY OF DETROIT LAW DEPARTMENT 660 WOODWARD AVE FIRST NATL BLD 1800 DETROIT, MI 48226

| MASTERCARD | DUT BELOW, CHECK CARD USED. | | | |
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R&R TRANSPORTATION 363 WEST BIG BEAVER RD STE TROY MI 48084-5242 248-889-4580

01 R & R TRANSPORTATION

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE SOTTOM PORTION FOR YOUR RECORDS

| | 1 | DESCRIPTION | | | ACCOUNT | |
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| DATE | PATIENT | | DESCRIPTION | | INSURANCE | PATIENT |
| | CARRIE N | CDONA | LD | | - | |
| • | | Date | Statement from 01/01/2012 to 02/11/2013 | | • | |
| 07/25/2012 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
| 08/03/2012 | i | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
| 08/10/2012 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120-00 | |
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| 08/21/2012 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
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| 09/20/2012 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
| 09/24/2012 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
| 10/02/2012 | | ~NOTE | STATEMENT NOTE | | | |
| 1010212012 | | CITY | OF DETROIT CLAIM #364822691 | • | - | |
| 12/20/2012 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
| 01/11/2013 | | A0110 | TRANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
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| DIEASEM | AKE PAYMI | | ULL UPON RECEIPT | | | _ |
| | | | CALL 248-889-4580 | | | - |
| BILLING Q | | -LEASE | OALL 210-000-1000 | • | | |
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ACCT: 38-830 CITY OF DETROIT

MAKE CHECKS PAYABLE TO: R & R TRANSPORTATION

363 WEST BIG BEAVER RD STE Doc 17606 Mi Filed 10/06/16 Entered 10/06/16 14:21:37 Page 119 of 1

MAKE CHECKS PAYABLE TO:

R & R TRANSPORTATION 363 WEST BIG BEAVER RD STE TROY MI 48084-5242 248-889-4580

R & R TRANSPORTATION

CITY OF DETROIT LAW DEPARTMENT 660 WOODWARD AVE FIRST NATL BLD 1800 DETROIT, MI 48226

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R & R TRANSPORTATION 363 WEST BIG BEAVER RD STE TROY MI 48084-5242 248-889-4580

01 R & R TRANSPORTATION

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT, RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| DATE | PATIENT | | DESCRIPTION | | ACCOUNT INSURANCE | PATIENT |
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| | CARRIE M | CDONALD | CONTINUE | | | |
| 01/21/2013 | | A0110 TI | RANSPORT (PICK UP, DROP OFF & MILES) | | 120.00 | |
| 02/07/2013 | | INSPA IN | SURANCE PAYMENT | | -15.00 | |
| | | 3255411 | | | | |
| 02/07/2013 | | PARAD PA | ARTICIPATING ADJUSTMENT | | -105.00 | |
| 02/07/2013 | | INSPA IN | ISURANCE PAYMENT | | -15.00 | |
| | | 3255411 | | | | |
| 02/07/2013 | | PARAD P | ARTICIPATING ADJUSTMENT | | -105.00 | |
| 02/07/2013 | | INSPA IN | ISURANCE PAYMENT | | -23.62 | |
| | | 3255411 | | | | |
| 02/07/2013 | | PARAD P | ARTICIPATING ADJUSTMENT | | -216.38 | |
| 02/07/2013 | | INSPA IN | ISURANCE PAYMENT | | -10.71 | |
| | | 3255411 | | | | |
| 02/07/2013 | | PARAD P | ARTICIPATING ADJUSTMENT | | -109.29 | |
| 02/07/2013 | | INSPA II | ISURANCE PAYMENT | | -32.13 | |
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| 02/07/2013 | | PARAD P | ARTICIPATING ADJUSTMENT | | -327.87 | , |
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ACCT: 38-830 CITY OF DETROIT

MAKE CHECKS PAYABLE TO: R&R 1R/

BILLING QUESTIONS PLEASE CALL 248-889-4580

R & R TRANSPORTATION

363 WEST BIG BEAVER RD STE 13-53846-tjt Doc 14606 MI Filed 10/06/16 Entered 10/06/16 14:21:37 Page 120 of 2

MAKE CHECKS PAYABLE TO:

R & R TRANSPORTATION 363 WEST BIG BEAVER RD STE TROY MI 48084-5242 248-889-4580

R & R TRANSPORTATION

CITY OF DETROIT LAW DEPARTMENT 660 WOODWARD AVE FIRST NATL BLD 1800 DETROIT, MI 48226

| IF PAYING BY | REDIT CARD, FIL | L OUT BELOW, CHECK CARD USED. |
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R & R.TRANSPORTATION 363 WEST BIG BEAVER RD STE TROY MI 48084-5242 248-889-4580

01 R & R TRANSPORTATION

Please check if address or insurance has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

| DATE | PATIENT | DESCRIPTION | ACCOUNT ACTIVITY INSURANCE PATIENT |
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| | CARRIE MC | DONALD CONTINUE | |
| 02/07/2013 | F | PARAD PARTICIPATING ADJUSTMENT | -218.58 |
| 02/07/2013 | 1 | NSPA INSURANCE PAYMENT | -21.42 |
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BALANCE 360.00 0.00

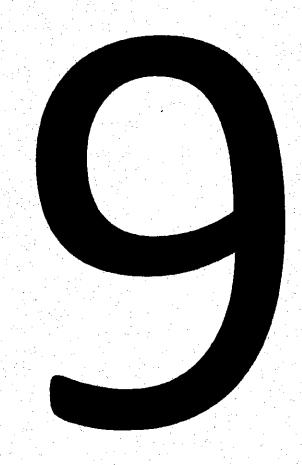
PLEASE MAKE PAYMENT IN FULL UPON RECEIPT BILLING QUESTIONS PLEASE CALL 248-889-4580

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ACCT: 38-830 CITY OF DETROIT

MAKE CHECKS PAYABLE TO: R & R TRANSPORTATION

13-53846-tjt Doc 11606 EFiled 15/05/16 SEntered 10/06/16 14:21:37 Page 121 of TROY MI 48084-5242 140



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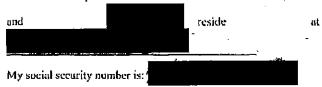
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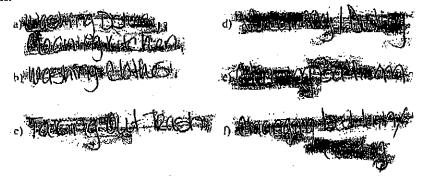
STATE OF MICHIGAN)
SOUNTY OF WAYNE)

I, Danielle Matlock, being first duly sworn, depose and state as follows:

1. That I performed household chores for Carrie McDonald



- 2. That I have performed household chores for Carrie McDonald 7 days per week from \$/23/12 through 3/21/13 and 5 days per week from 4/1/13 through the present and ongoing.
- By way of example, I was regular doing the following chores:



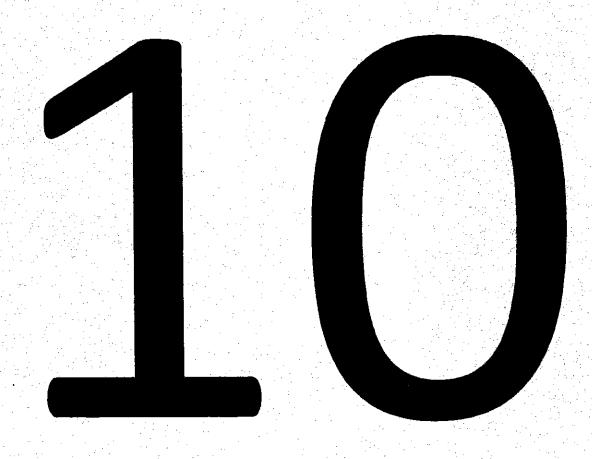
- 4. I am claiming \$20.00 per day for each day of service that I have performed.
 - 5. I have personal knowledge of the facts contained herein.
- If sworn as a witness, I can competently testify to the facts contained herein.

Page 1 of 1

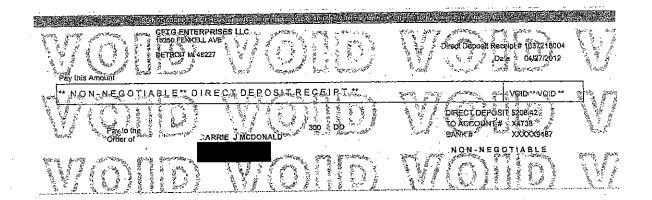
FURTHER AFFIANT SAITH NOT.







| FTG ENTE | RPRISES LLC | | | 15350 FENKE | LLAVE | | | DETROIT \$ | A 48 22 7 | | | Pay Date: 04/27/2012 |
|----------|-------------|-----------|------------|-------------|----------|-----------|----------|------------|-------------------------------------|--------------------------------------|--|--------------------------|
| E# 54 | CARRIE J M | CDONALD | | ead 1 | 8-857 | D£PT# | 300 | Olrect Dep | osit Reco | pt: 1037219004 | Period: | 04/18/2012 to 04/24/2012 |
| EARNING | RATE | HOURAUNIT | CURRENT \$ | YTO HRUUNIT | Y7D\$ | DEDUCTION | CURRENTS | YTOS | TAX | CURRENT S | 2 (217 | OTHER INFORMATION |
| Reg | 10.00 | 23.60 | 235,00 | 451.80 | 4,618.00 | | | | ATTWH MED SOC MI MIDETR | 4.85 3.42 9.91 4.08 5.32 | 154.86 66.95 193.95 98.41 105.64 | |
| | | | | | | | 1 | | • | | | FETWH 5.2 MIS2 |
| | TOTALS | 23.60 | 235,00 | 461.80 | 4,618,00 | i | * | | 1 | 27.58 | 617,83 | 1131 208.4 |



| Pay Date: 03/02/201 | | | 1 48227 | DETROIT M | | | LL AVE | 15350 FENKE | | | RPRISES LLC | FIG ENTER |
|-------------------------|---|---------------------------------------|-------------------------------------|------------|-----------|-----------|----------|-------------|-------------|-----------|-------------|-----------|
| 02/22/2012 to 02/28/201 | Period: | lpt: 1035622343 | osit Recei | Direct Dep | 300 | DEPT # | 8-857 | EEID | | CDONALD | CARRIE JM | EE # 54 |
| OTHER INFORMATION | \$מדע | CURRENT S | TAX | YTD S | CURRENT S | DEDUCTION | YTD \$ | YTD HR/UNIT | CURRENT S | HOUR/UNIT | RATE | EARNING |
| FTTWM S 2 | 53.10 30.76 83.09 37.30 47.83 | 9.65 4.12 11,93 6,16 6.52 | FITWH MED SOC MI MIDETR | | | | 2,121.00 | 212.10 | 284.00 | 28.40 | 10.00 | Reg |
| MI 5 Z | 258,08 | 38,36 | <u> </u> | | L | | 2,121.00 | 212.10 | 284,00 | 28.40 | <u> </u> | |

Direct Doposit Receipt# 1035622343 Date 03/02/2012

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DIRECT DEPOSIT \$245.62 BANK#

13-53846-tjt Doc 11606 Filed 10/06/16 Entered 10/06/16 14:21:37 Page 127 of 140

EXHIBIT 6D - SETTLEMENT AGREEMENT

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

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AGREEMENT RESOLVING CLAIMS OF CARRIE MCDONALD

The City of Detroit (the "City") and the claimant identified in paragraph 2 below (the "Claimant" and, together with the City, the "Parties"), by and through their respective authorized representatives, do hereby agree as follows:

RECITALS:

On July 18, 2013, the City commenced the above-captioned case (the "Chapter 9 Case") by filing a petition for relief under chapter 9 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Eastern District of Michigan (the "Bankruptcy Court"). On December 5, 2013, following its determination that the City met all of the applicable requirements and is eligible to be a debtor under chapter 9 of the Bankruptcy Code, the Bankruptcy Court entered the Order for Relief Under Chapter 9 of the Bankruptcy Code (Docket No. 1946) with respect to the City.

- A. Pursuant to section 904 of the Bankruptcy Code, the City may continue to exercise its political and governmental powers, manage its property and revenues and use and enjoy its income-producing property without interference from the Bankruptcy Court.
- B. On December 24, 2013, the Bankruptcy Court entered the Order, Pursuant to Sections 105 and 502 of the Bankruptcy Code, Approving Alternative Dispute Resolution Procedures to Promote the Liquidation of Certain Pre-petition Claims (Docket No. 2302) (the "ADR Order") establishing certain alternative dispute resolution procedures (collectively, the "ADR Procedures") to promote the resolution of certain claims designated by the City.
- C. The Claimant is the current record holder of the proof[s] of claim identified under the heading "Filed Claim Number" in the table in paragraph 2 below (the "Filed Claim").
- D. The City (i) reviewed the Filed Claim and the facts and circumstances of the alleged liabilities asserted therein and (ii) designated the Filed Claim for potential resolution through the ADR Procedures.
- E. The City believes that the resolution of the Filed Claim as set forth in this Agreement is fair, reasonable and appropriate and will allow the Parties to avoid the cost, delay and burden of litigating potential disputes related to the Filed Claim. In accordance with the ADR Order, the resolution of the Filed Claim set forth in this Agreement terminates the ADR Procedures with respect to the Filed Claim pursuant to section II.A.7 of the ADR Procedures.
- F. Pursuant to section 904 of the Bankruptcy Code, the City is authorized to propose and enter into this Agreement without further order of the Bankruptcy Court.

- H. The undersigned is authorized to enter into this Agreement on behalf of the City pursuant to a confidential memorandum dated March 25, 2014 that was issued to the City of Detroit Corporation Counsel by Kevyn Orr, Emergency Manager for the City of Detroit, entitled Litigation Claim Settlement Authority.
- I. The Parties have agreed to the terms set forth in this Agreement, as indicated by the signatures of their respective authorized representatives below.

AGREEMENT

- 1. The Claimant represents and warrants to the City that it has not sold, assigned, factored or otherwise transferred any portion of or interest in the Filed Claim and is the sole holder of the Filed Claim, with full authority to enter into this Agreement. The Claimant further agrees to indemnify and hold the City harmless for any damages, including without limitation actual and reasonable out of pocket costs, resulting from a breach of its representations and warranties set forth in this paragraph.
- 2. The Filed Claim is deemed amended, modified and allowed as a general unsecured, nonpriority claim (any such claim, a "Settled Claim") in the corresponding amount set forth in the table below under the heading "Settled Claim Amount":

| Claimant | Filed Claim Number | Filed Claim Amount | Filed Claim Priority | Settled Claim Amount | Settled Claim Priority |
|--------------------|-----------------------|-----------------------|-------------------------|-------------------------|---------------------------|
| Carrie McDonald | 1542 | \$ 98,392.43 | General unsecured | \$50,000.00 | General unsecured |
| | | | | | |

3. The Parties agree that any Filed Claim identified in paragraph 2 above for which there is no corresponding Settled Claim (or such amount is listed as \$0.00) is hereby withdrawn and deemed disallowed and expunged, pursuant to section 502 of the Bankruptcy Code.

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- 4. The Claimant will not further amend the Filed Claim (or the Settled Claim) or file any additional proofs of claim with respect to the liabilities asserted in the Filed Claim. Any further amendments to the Filed Claim (or the Settled Claim) or any additional claims filed by the Claimant or their successors or assigns with respect to the liabilities asserted in the Filed Claim shall be null, void and of no effect.
- 5. The Parties agree that any Settled Claim is a general unsecured, non-priority claim, subject to the treatment provided for such claims under any chapter 9 plan for the adjustment of debts confirmed by the Bankruptcy Court (a "Plan").
- 6. Any distribution made to the Claimant pursuant to a Plan is referred to herein as a "Plan Distribution." If the Claimant or its successors or assigns receive payment of any portion of the Settled Claims from any source, including from the City, other than through the Plan (a "Non-Plan Payment"), the portion of the Settled Claim equal to the amount of the Non-Plan Payments shall be deemed fully satisfied, and the Claimant, for itself and any successors or assigns, hereby prospectively waives and disclaims the right to receive Plan Distributions on account of the portion of the Settled Claim satisfied by any Non-Plan Payments.

- 7. Nothing in this Agreement will have any impact on any proof(s) of claim that the Claimant has filed or holds other than the Filed Claim. The Parties retain all of their respective claims, defenses, objections, counterclaims and any and all rights in respect of any proofs of claim that the Claimant has filed or holds other than the Filed Claim.
- As to the Filed Claims and Settled Claims described herein, the Claimant releases the City from any and all liability, actions, damages and claims (including claims for attorney fees, expert fees or court costs), known and unknown, arising or accruing at any time prior to and after the date of this Agreement, that the Claimant has or may have against the City. The Claimant acknowledges that this Agreement represents the compromise of a disputed claim and is not to be construed as an admission of liability on the part of the City. As used in this Agreement, the Claimant and the City include each of their respective servants, agents, contractors, attorneys, employees, representatives, family members, heirs, elected officials, appointed officials, related corporations, subsidiaries, divisions, affiliates, directors and officers, if any. Where required by the City, the Claimant has executed the Medicare Reporting and Indemnification Affidavit[s], if any, attached as Exhibit A.
- 9. The Claimant stipulates to dismissal with prejudice of the civil action[s] related to the Filed Claims or Settled Claim in the form attached hereto as Exhibit B.
- 10. This Agreement may be executed in identical counterparts, and/or by facsimile or e-mail scan, each of which when so executed and delivered will constitute an original, but all of which taken together will constitute one and the same instrument. This Agreement constitutes the entire agreement between the Parties with respect to the matters addressed herein and may not be modified except in a writing signed by the Parties.

WHEREFORE, the undersigned have executed this Agreement on behalf of the parties hereto.

| CITY OF DETROIT, | CARRIE MCDONALD |
|---|--|
| By: KRYSTAL A. CRITTENDON | (signature). |
| Name:(printed) | Name: Couric McDonostd (printed) |
| Title: Supervising Assistant Corporation Counsel | Date: |
| Date: | MICHAEL J. MORSE Signature) Name: Patricia Dooley (printed) |
| | Date: 4/30/14. |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

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CITY OF DETROIT, MICHIGAN,

Chapter 9

Debtor.

Case No. 13-53846 Claim #1542

Hon, Steven W. Rhodes

STIPULATION TO DISMISS CAUSE

The parties in the above-entitled cause by their respective attorneys, hereby stipulate and agree that an Order be entered forthwith dismissing the said claim with prejudice and without costs and attorney fees to any party.

MICHAEL J. MORSE (P46895)

LAW OFFICE OF MICHAEL J. MORSE

Attorneys for Plaintiff 24901 Northwestern Hwy #700 Southfield, MI 48075 248-350-9050 KIMBERLY A. JAMES (P56410) CITY OF DETROIT LAW DEPT

Attorneys for Defendant 2 Woodward Avenue, 5th Floor Detroit, MI 48226 313-237-5063

ORDER TO DISMISS CAUSE

At a session of the said Court held in the Courthouse, City of Detroit, County of Wayne, Michigan on

Present: Honorable

U.S. District Court Judge

Upon the reading and filing of the stipulation annexed hereto, and the Court being fully advised in the premises;

IT IS HEREBY ORDERED that the within cause be dismissed with prejudice and without costs and without attorney fees to any party; all pending claims are hereby resolved and this case is now closed.

U. S. DISTRICT COURT JUDGE

MEDICARE REPORTING AND INDEMNIFICATION AFFIDAVIT

carrie Mc Denald being first duly sworn, deposes and says that I have filed a claim and/or lawsuit against the City of Detroit:

- 1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.
- 2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

| | Circl | e O | ne |
|--|-------|-----|-------------|
| 3. I am currently receiving Medicare Benefits | yes | or | <u>no</u> |
| 4. I will be Sixty Five years old within three years | yes | or | <u>(10)</u> |
| 4a. I have applied for Social Security Disability Benefits | yes | or | (fi0) |
| 5. I have received a Social Security Disability Award Letter and | | | |
| attached a copy hereto | .yes | ог | no |
| 6. Attached is a copy of my Social Security Disability Application | .yes | or | 1 60 |
| 7. Attached is a copy of my Social Security denial letter and my | | t. | _ |
| appeal of said denial | yes. | OI/ | no |

| 8. I have End Stage Renal Disease | or to |
|---|----------|
| 9. That my full name and all aliases are: Corne McDonald | |
| 10. That my City of Detroit File/Matter Number is: | |
| 1542 | |
| 11. That my address is: | <u>.</u> |
| 12. That my Attorney's Name, Address and Contact Numbers are: | *** |
| Pathy Dooley, Mike Morse, P.C. | : |
| 248-350-9050 | *** |
| 13. That my Date of Birth is: | |
| 14. That my Social Security Number is: | * |
| -2691 | |
| 15. That my Medicare HIC Number, if applicable is: | |
| 16. That I am attaching copies of the following information: | |
| a. Copy of the Judgmentye | |
| b. Medical Records ye | s or no |

| 17. | Has anyone ever prepared for you: | |
|---|---|--|
| ٠. | a. A Life Care Plan yes or no | |
| | b. Medicare Set Aside Cost Projectionsyes or fig | |
| | c. Life expectancy projection | |
| If yes to any questions above in #17, submit a copy to the City of Detroit. | | |
| 18. | What specific body parts were impacted by the Injury/illness: | |
| | Meck, Brick, right hip and | |
| | introvanial burding | |
| 19. That my Gender is: Male Female | | |
| 20. That the accident which gave rise to this Claim/Lawsuit occurred on: | | |
| 5/23/12 (Date) | | |
| 21. On 4-29-14 (Date), a Settlement or Judgement of my | | |
| Claim/Lawsuit was agreed to/rendered for the total amount of | | |
| | 50,000 (Fift) Dollars (\$ 50,000). | |
| | On the date of the accident/event, did any household family | |
| member own an automobile with valid No Fault Insurance | | |
| | coverage yes or no | |

I, Lune McDonald, have read the above medicare REPORTING AND INDEMNIFICATION AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MONIES. MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS, MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER.

Page 4 of 5

FURTHER AFFIANT SAITH NOT.

SIGNATURE OF THE CLAIMANT/PLAINTIFF

| STATE OF MICHIGAN |) |
|---|---|
| | 22(|
| COUNTY OF | |
| | |
| This Medicare Reporting and Indemnification | on Affidavit was acknowledged, subscribed and |
| sworn to before me this 30 day or | fApril, 2014, by CARRIE NCOWALD |
| , who hereby decl | ares under penalty of perjury under the laws of the |
| State of Michigan that he or she is authorize | ed in fact and law to execute this Medicare Reporting |
| and Indemnification Affidavit. | trouter to the forting |
| Notary Public, Wayne County, MI My Commission Expires: Declarbe | 11,2015 |
| | |

Notary, Please ensure you use your notarial stamp or seal.

JENNIFER A. PICANO
NOTARY PUBLIC, STATE OF ME
COUNTY OF WAYNE
MY COMMISSION EXPIRES DEC 11, 2015
ACTING IN COUNTY OF